

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48572

1. Entity Name

EAST MYAKKA VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90013 010 ****61.25

Principal Place of Business

Mailing Address

3900 CLARK ROAD
STE L-1
SARASOTA FL 34233
US

3900 CLARK ROAD
STE L-1
SARASOTA FL 34233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0333679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMBER, HARLAN R
3900 CLARK ROAD
STE L-1
SARASOTA FL 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHOLL, WILLIAM JR	
STREET ADDRESS	10400 S TAMiami TR LOT 10	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMBERT, RALPH	
STREET ADDRESS	10400 TAMiami TRAIL LOT 7	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, IMOGENE	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 71	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN, LOUIS	
STREET ADDRESS	10400 S TAMiami TR LOT 37	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BART, AGNES	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 66	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, EB	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 61	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY MERRITT	
STREET ADDRESS	10400 S TAMiami TR LOT 31	
CITY-ST-ZIP	VENICE, FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN MORELLI	
STREET ADDRESS	10400 S TAMiami TR LOT 66	
CITY-ST-ZIP	VENICE, FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVEL HALVERSON	
STREET ADDRESS	10400 S TAMiami TR LOT 46	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRI BELL	
STREET ADDRESS	10400 S TAMiami TR LOT 70	
CITY-ST-ZIP	VENICE, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/02 941-423-0377

CR2E037 (9/01)