

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90010 038 ****61.25

DOCUMENT # N48572

1. Entity Name
EAST MYAKKA VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 3900 CLARK ROAD
 STE L-1
 SARASOTA, FL 34233 US

Mailing Address
 3900 CLARK ROAD
 STE L-1
 SARASOTA, FL 34233 US

34054562



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State
 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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIESKI, CAROL 10400 S. TAMIAMI TR. LOT 31 VENICE, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHOLL, WILLIAM 10400 TAMIAMI TRAIL LOT 7 NORTH PORT, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTNEY, ERNA 10400 S TAMIAMI TRAIL LOT 71 VENICE, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERRITT, DORTHY 10400 S TAMIAMI TR, LOT 31 VENICE, FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLI, HERMAN 10400 S TAMIAMI TR, LOT 66 VENICE, FL 34287	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, EB 10400 S TAMIAMI TRAIL LOT 61 NORTH PORT, FL 34287	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lambert, Ralph 10400 Tamiami Tr # 7 North Port FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see FLOYD - Paulson 10400 Tamiami Tr # 54 North Port FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Morelli 10400 Tamiami Tr # 66 Venice, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rand J. Krieski Carol J. Krieski 4-28-04 x 941-429-1984
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #