


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		
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	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	Lambert, Ralph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10400 Tamiami Tr # 7 North Port FL 34287		
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	See FLOYD - Paulson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10400 Tamiami Tr # 54 North Port FL 34287		
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	Jean Morelli <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10400 Tamiami Tr # 66 Venice, FL 34287		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLI, HERMAN <input checked="" type="checkbox"/> Delete 10400 S TAMiami TR, LOT 66 VENICE, FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, EB <input type="checkbox"/> Delete 10400 S TAMiami TRAIL LOT 61 NORTH PORT, FL 34287	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: <u>Carol J. Krieski</u> 4-28-04 x 941-429-1984 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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