

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90099 018 ****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

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. 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

FILE NOW: FEE IS \$61.25

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	BROWN, IMOGENE	
STREET ADDRESS	10400 S TAMiami TRAIL LOT 71	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MERRITT, DORTHY	
STREET ADDRESS	10400 S TAMiami TR, LOT 31	
CITY-ST-ZIP	VENICE FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELLI, HERMAN	
STREET ADDRESS	10400 S TAMiami TR, LOT 66	
CITY-ST-ZIP	VENICE FL 34287	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol J. Krieski	
STREET ADDRESS	10400 S. Tamiami TR LOT 31	
CITY-ST-ZIP	Venice, FL 34287	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sholl, William JR	
STREET ADDRESS	10400 S. Tamiami TR # 10	
CITY-ST-ZIP	Venice, FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERNA Mastney	
STREET ADDRESS	10400 S. Tamiami TR #30	
CITY-ST-ZIP	Venice, FL 34287	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Morelli	
STREET ADDRESS	10400 S. Tamiami Tr #66	
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 REQUIRED Fee

4-6-03

941-429-1984

CR2E037 (10/02)