

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004878

FILED
Apr 26, 2007
Secretary of State

Entity Name: MYAKKA RIVER TRAILS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

432 N RIVER ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

432 N RIVER ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0698184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFF, MOYER
830 N RIVER ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOYER, JEFF
Address: 830 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: VD () Delete
Name: WAMPLER, DAVID
Address: 350 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: THOMPSON, SHERRY
Address: 700 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: MOYER, LORI
Address: 830 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: PICKHARDT, GEORGE
Address: 790 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: LONCAR, PENNY
Address: 450 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MISKIEWICZ, GLENN
Address: 360 N RIVER ROAD
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY THOMPSON

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date