2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003488

1. Entity Name
ASSOCIATION OF MYAKKA COMMUNITIES, INC.

FILED
Mar 14, 2005 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
JOHN H DZIUBA 715 BLACKBURN BLVD N. PORT, FL 34287	JOHN H DZIUBA 715 BLACKBURN BLVD N. PORT, FL 34287

(N99000003488N)

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01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DZIUBA, JOHN H
715 BLACKBURN BLVD
N. PORT, FL 34287

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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 John H Dziuba no changes 2/8/05
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, 2005

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

U00000263116
03/14/05-80084-001 61.25

10.	OFFICERS AND DIRECTORS
TITLE	DT
NAME	MACMANUS,JR, THOMAS
STREET ADDRESS	358 CAPTURE COURT
CITY - ST - ZIP	NORTH PORT, FL 34287
TITLE	CD
NAME	DZIUBA, JOHN H
STREET ADDRESS	715 BLACKBURN BLVD
CITY - ST - ZIP	NORTH PORT, FL 34287
TITLE	VD
NAME	HAUSE, ROBERT
STREET ADDRESS	331 CLIPPER COURT
CITY - ST - ZIP	VENICE, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: John H Dziuba