

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003488

1. Entity Name
ASSOCIATION OF MYAKKA COMMUNITIES, INC.



FILED
Jan 20, 2006 08:00 AM
Secretary of State

Principal Place of Business

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

Mailing Address

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

(N99000003488N)

01042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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 (Applicable).

(NOTE: Registered Agents signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U000000393052
01/25/06-80005-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Robert Hause