

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003488**

1. Entity Name  
**ASSOCIATION OF MYAKKA COMMUNITIES, INC.**



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**



01092008 No Chg-NP

CR2E037 (4/06)

**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**

**DO NOT WRITE  
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	

000000781679  
01/15/08-80045-013 61.25

**DO NOT WRITE  
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* **ROBERT HAUSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 9, 2008* **941-426-0675**

Date

Daytime Phone #