

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000346

Entity Name: MYAKKA SHORELANDS PRESERVATION ASSOCIATION, INC.**Current Principal Place of Business:**13986 ROYAL POINT DR
PORT CHARLOTTE, FL 33953**Current Mailing Address:**13986 ROYAL POINT DR
PORT CHARLOTTE, FL 33953**FEI Number: 46-3082396****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDREWS, DAVID G
13986 ROYAL POINTE DR
PORT CHARLOTTE, FL 33953 US*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

Officer/Director Detail :

Title	PRESIDENT
Name	ANDREWS, DAVID G
Address	13986 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	CARLSON, LARS
Address	14034 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	WHITE, DONALD
Address	13978 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	CARLSON, LARS
Address	14034 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	SEYMOUR, TERRY
Address	13994 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	DEVOS, ALAN
Address	13970 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	SEYMOUR, TERRY
Address	13994 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DIRECTOR
Name	DEVOS, ALAN
Address	13970 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DAVID G ANDREWS**PRESIDENT****01/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WHITE, DONALD
Address	13978 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953