

**2019 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 US**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           TREASURER  
Name           ANDREWS, DAVID G  
Address       13986 ROYAL POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953

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

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

Title           DIRECTOR  
Name           WALLACE, WILLIAM J  
Address       14026 ROYAL POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953

Title           SECRETARY  
Name           WILKINSON, HAROLD  
Address       13994 ROYAL POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953

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

Title           DIRECTOR  
Name           BAZZY, DAVID  
Address       14010 ROYAL POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953

Title           DIRECTOR  
Name           OCCHIPINTI, MARK  
Address       14002 ROYAL POINTE DR  
City-State-Zip: PORT CHARLOTTE FL 33953

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*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 ANDREWS****TREASURER****03/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GRANT, MICHAEL J
Address	14018 ROYAL POINTE DR
City-State-Zip:	PORT CHARLOTTE FL 33953