2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 750112

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: ENGLEWOOD ISLES LAKE ASSOCIATION, INC.

Current Principal Place of Business:

459 DOVER CIR.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

381 EDEN DRIVE
ENGLEWOOD, FL 34223 US

Current Mailing Address:

459 DOVER CIR.
ENGLEWOOD, FL 34223 US

New Mailing Address:

381 EDEN DRIVE
ENGLEWOOD, FL 34223 US

FEI Number: 59-2814919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, ROBERT L.
227 NOKOMIS AVE. S.
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	WILLIAM C. CLARK,	
Address:	459 DOVER CIR.	
City-St-Zip:	ENGLEWOOD, FL	
Title:	PD	( ) Delete
Name:	BOTELSON, ROGER	
Address:	381 EDEN DRIVE	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	VD	( ) Delete
Name:	PALMER, FRANK	
Address:	355 EDEN DRIVE	
City-St-Zip:	ENGLEWOOD, FL 34223	
Title:	SD	( ) Delete
Name:	BOVER, RICHARD	
Address:	365 EDEN DRIVE	
City-St-Zip:	ENGLEWOOD, FL 34443	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROGER BOTELSON PD 03/05/2002
Electronic Signature of Signing Officer or Director — Date