FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:16

DOCUMENT # N02663 (5)

1. Corporation Name

ENGLEWOOD EAST PROPERTY AND HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 86 ENGLEWOOD FL 34295-0086	P.O. BOX 86 ENGLEWOOD FL 34295-0086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1984
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-2388226 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX #5254	26 P.O.BOX #5254
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ENGLEWOOD, FL	28 City & State: ENGLEWOOD, FL
24 Zip: 34224 25 Country: CHARLOTTE	29 Zip: 34225 30 Country: CHARLOTTE

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DE GIORGIO, ROCCO F 9216 HILLBURN TERRACE 9216 HILLBURN TERRACE PORT CHARLOTTE FL 33953	81 Name: MICHAEL A. LUBRANO 82 Street Address (P.O. Box Number is Not Acceptable): 9241 Newmartinsville Avenue 83 84 City: ENGLEWOOD FL 85 Zip Code: 34224

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael A. Lubrano — MICHAEL A. LUBRANO, PRESIDENT — 3/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DE GIORGIO, ROCCO F	1.2 NAME	MICHAEL A. LUBRANO	
STREET ADDRESS	9216 HILLBURN TERRACE #86	1.3 STREET ADDRESS	9241 NEW MARTINSVILLE AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL 34295-0086	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	O'CONNELL, LARRY	2.2 NAME	HERBERT MARSCH	
STREET ADDRESS	10309 WILIG AVE	2.3 STREET ADDRESS	12038 FLORENCE AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GUNTHER, MARY JEAN	3.2 NAME	MARY JEAN GUNTNER	
STREET ADDRESS	7332 ELLIS AVE	3.3 STREET ADDRESS	7322 Ellis Lane	
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33981	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CYPHER, MARGARET	4.2 NAME		
STREET ADDRESS	9413 GULFSTREAM BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	POMEROY, PEG	5.2 NAME	DOLORES KARNES	
STREET ADDRESS	6239 BERKLEY ST	5.3 STREET ADDRESS	11228 OCEANSPRAY BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael A. Lubrano — 3/4/95 — (813) 473-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004400