

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90116 014 ****70.00

DOCUMENT # N02663

1. Entity Name

ENGLEWOOD EAST PROPERTY AND HOME OWNERS ASSOCIAT

Principal Place of Business

PO BOX 5254
ENGLEWOOD FL 34224
US

Mailing Address

PO BOX 5254
ENGLEWOOD FL 34224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2388226

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRMAN, WILLIAM
6231 LOMAX ST
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name

SANTORO, GARY

Street Address (P.O. Box Number is Not Acceptable)

11323 ZOLA AVE.

City

PT. CHARLOTTE

FL

Zip Code

33981

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.

SIGNATURE GARY SANTORO P.D.

Signature, typed or printed name of registered agent and title if applicable.

Gary Santoro - P.D.

(NOTE: Registered Agent signature required when reinstating)

4-16-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRMANN, WILLIAM 6231 LOMAX ST ENGLEWOOD FL 34224	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERHUNE, ROBIN 9024 ANITA AVE ENGLEWOOD FL 34224	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINDBERG, DOLORES 7499 SPINNAKER BLVD ENGLEWOOD FL 34224	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHRLE, JOHN 10226 THAMES AVE ENGLEWOOD FL 34224	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSCH, SUSAN 12038 FLORENCE AVE PORT CHARLOTTE FL 33981	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTORO, GARY 11323 ZOLA AVE. PORT CHARLOTTE FL 33981	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEST, CHARLOTTE 6288 TILLY STREET ENGLEWOOD FL 34224	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAREHAM, ADDISON 11211 SEABREEZE AVE PT CHARLOTTE FL 33981	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCART, ALVERA 11711 CLAREMONT DR. PORT CHARLOTTE FL 33981	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Schmitt* - V.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

941-473-8426

Daytime Phone #

CR2E037 (10/00)