2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90166 014 ****70.00

DOCUMENT # N02663

1. Entity Name
ENGLEWOOD EAST PROPERTY AND HOME OWNERS ASSOCIATION, INC.

60010937

Principal Place of Business	Mailing Address
PO BOX 5254 ENGLEWOOD FL 34224 US	PO BOX 5254 ENGLEWOOD FL 34224 US

☐ CHECK HERE IF MAKING CHANGES

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

SANTERO, GARY
11323 ZOLA AVENUE
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name West, Charlotte
Street Address (P.O. Box Number is Not Acceptable) 6288 Tilly Street
City Englewood FL Zip Code 34224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Charlotte West CHARLOTTE WEST 1/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANTORO, GARY 11323 ZOLA AVENUE PORT CHARLOTTE FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD West, Charlotte 6288 Tilly St. Englewood, FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEST, CHARLOTTE 6288 TILLY STREET ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILL, JAMES 9942 GULFSTREAM BLVD Englewood FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDBERG, DOLORES 7499 SPINNAKER BLVD ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOICE, WANDA 7594 SEA MIST DRIVE PORT CHARLOTTE FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINCART, ALVERA 11711 CLAREMONT DRIVE PORT CHARLOTTE FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINNICH, JOANNA 6943 Spinnaker Englewood, FL 34224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: WANDA BOICE RECEIVED Wanda Boice 1-23-03 941-475-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #