FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

FILED Jun 11 1998 8:00am Secretary of State

OLD ENGLEWOOD VILLAGE ASSOCIATION, INC.				
Principal Place of Business		Malling Address		E PARTIMON DIN BRINN NORMA DRING NAME ARTIN BIRAN BRANK BIRAN BRANK BIRAN BARAN BIRAN KARAN
R EARL WARREN P OBOX 1207 359 W DEARBORN ST ENGLEWOOD FL 34295-1207 ENGLEWOOD FL 34223 US US				3. Date Incorporated or Qualified 01/14/1985 4. FEI Number Applied For
17G i) 1	oy McCarity			59-25 19334 Not Applicable
21 452	BOOK Business W. PEALBORN	28. Malling Address 28 HIL W DER	RBORN	5. Certificate of Status Desired
Suite, Apt.		Suite, Apt. W. etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	, FL and	City & State 28 ENGLEWOUT		7. Is this nonprofit corporation a homeowners association?
24 3422		29 34223 30	Country DAA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name A				
MAADDEN A CADI				1 Address (P.O. Bax Number is Not Acceptable)
ENGLEWOOD FL 34223				
			84 City	NE CEWOOD FL 85 Zip Code 34223
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.				
SIGNATURE Signature, typed or printed nameric registered agent and life II applicable (NOTE: Registered Agent signature required when reinstalling) DATE				
12.	OPFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	DELETE	1.1 TITLE	PRES Change Addition
NAME	KAREN GOLL		1.2 NAME	CANDY MCCARTHY
STREET ADDRESS	232 W. Dearborn St. Englewood Fl		1.3 STREET ADDRESS	HER W DEARBORN ST ENG. 1=1 34223
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	SECRETIARY Change MAddition
NAME	LISA YUST		2.2 NAME	PAM DOWRES
STREET ADDRESS	444 W. DEARBORN ST.		2.3 STREET ADDRESS	I see a Xalio illani ilani
CITY-SY-ZIP	ENGLEWOOD FL		2. 4 CITY+ST-ZIP	ENG. FL 34223
TITLE	8	DELETE	3.1 TITLE	TREASURER Change Addition
NAME	MARY LOU EVANS	,	3.2 NAME	JIM SULLIVATY CO
STREET ADDRESS	120 W. DEARBORN ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	DELETE	3.4. CITY - ST - ZIP	ENG. FL 34223
TITLE	D AME ANIEUMA	☐ DELETE	4.1 TITLE	DIRECTOR. Change Addition
NAME STORET ASSOCIOS	#OE ANELING 800 W. DEARBORN ST.		4. 2 NAME	TOAN BARRINGE C
STREET ADDRESS	ENGLEWOOD FL		4.3 STREET ADDRESS	1016 KATTST 34223
CITY-ST-ZIP TITLE	D ENGLEWOOD FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	DIRECTOR Change Addition
NAME	BILL BLIMES	⊘	5.2 NAME	JOHN BOURCIER

14. 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 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.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1720 SHELL DR.

ENGLEWOOD FL

JACK MCCARTHY

ENGLEWOOD FL

452 W. DEARBORN ST.

□ DELETE

041-474-3261

Addition

Change

505 W DEALBORN ST