2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State
08-13-2004 90069 043 ****70.00

DOCUMENT # N07099

1. Entity Name
OLD ENGLEWOOD VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
411 W DEARBORN ST ENGLEWOOD, FL 34223 US	411 W DEARBORN ST ENGLEWOOD, FL 34223 US

07092004 Chg-NP CR2E037 (10/03)

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 59-2519334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIFT, LESLIE 362 W. DEARBORN ST. ENGLEWOOD, FL 34223	Name Gift Leslie Street Address (P.O. Box Number is Not Acceptable) 145 W. Dearborn St City Englewood, FL Zip Code 34223

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 Leslie Gift 8/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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	P RADKINS, JOHN 411 W. DEARBORN ENGLEWOOD, FL 34223	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Teaple B.J. 485 W. Dearborn Englewood FL 34223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, STEVE 441 W. DEARBORN ST. ENGLEWOOD, FL 34223	☐ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	Lee, Steve 441 W. Dearborn Englewood, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATCHISON, TOM 362 W. DEARBORN ST. ENGLEWOOD, FL 34223	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Victor, Gina 120 W. Dearborn Englewood, FL 34223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEALS, TAYLOR 13 BUCHANS LANDING ENGLEWOOD, FL 34223	☑ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Bisceglia, Vito 211 S. Indiana Ave Englewood, FL 34223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, BOB 145 W DEARBORN ST. ENGLEWOOD, FL 34223	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Lee, Deborah 441 W. Dearborn Englewood, FL 34223	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIFT, LESLIE 362 W. DEARBORN ENGLEWOOD, FL 34223	☐ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Gift, Leslie 145 W. Dearborn Englewood, FL 34223	☑ 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: [signature] 7/9/04 941-473-8782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #