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

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90170 030 ****61.25

DOCUMENT # N07099

1. Entity Name
OLD ENGLEWOOD VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
447 W DEARBORN ST ENGLEWOOD FL 34223 US	447 W. DEARBORN ENGLEWOOD FL 34223 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
411 W Dearborn St Suite, Apt. #, etc.	411 W Dearborn St Suite, Apt. #, etc.
City & State: Englewood, FL	City & State: Englewood, FL
Zip: 34223 Country: USA	Zip: 34223 Country: USA

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
PLATT, SHIRLEY 447 W DEARBORN ST ENGLEWOOD FL 34223	Name: Leslie Gift Street Address (P.O. Box Number is Not Acceptable): 362 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 — Leslie Gift — 3/4/03
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	P RADKINS, JOHN 411 W. DEARBORN ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, EDITH 333 FOXWOOD BLVD. ENGLEWOOD FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steve Lee 441 W Dearborn St Englewood, FL 34223 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRISON, CATHY 450 W. DEARBORN ENGLEWOOD FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Atchison 362 W Dearborn St Englewood, FL 34223 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MEALS, TAYLOR 13 BUCHANS LANDING ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, BOB 145 W DEARBORN ST. ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWAYZE, CAROL 30 N ELM ST. ENGLEWOOD FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Leslie Gift 362 W Dearborn Englewood, FL 34223 ☐ 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: Leslie Gift — Leslie Gift, Secretary — 3/4/03 — 941/473-9456