

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 010 ****61.25

DOCUMENT # N04000007851

1. Entity Name
ENGLEWOOD FISHING CLUB, INC.



Principal Place of Business
**1908 S MCCALL ROAD
ENGLEWOOD, FL 34223**

Mailing Address
**1908 S MCCALL ROAD
ENGLEWOOD, FL 34223**

40004811



DO NOT WRITE IN THIS SPACE

01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUKE, DON G
1908 S MCCALL ROAD
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, DOUGLAS W
1908 S MCCALL ROAD
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HAUKE, DON G
1908 S MCCALL ROAD
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIVECCHI, JOHN
1908 S MC CALL
ENGLEWOOD, FL 34223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JOHN A. LIVECCHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2008 941-235-3593