

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07099

Entity Name: OLD ENGLEWOOD VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**599 W. DEARBORN ST.
ENGLEWOOD, FL 34223**Current Mailing Address:**PO BOX 937
ENGLEWOOD, FL 34295 US**FEI Number:** 59-2519334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEALS, CINDY P
599 W. DEARBORN ST.
ENGLEWOOD, FL 34223 US*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.***SIGNATURE:** CINDY P. MEALS

04/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MEALS, TAYLOR
Address	599 W. DEARBORN ST.
City-State-Zip:	ENGLEWOOD FL 34223

Title	VICE PRESIDENT
Name	DUFF, KERI
Address	168 W. DEARBORN ST
City-State-Zip:	ENGLEWOOD FL 34223

Title	SECRETARY
Name	BLAKE, WENDY
Address	HARVARD ST.
City-State-Zip:	ENGLEWOOD FL 34223

Title	TREASURER
Name	MEALS, CINDY P
Address	599 W. DEARBORN ST.
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	BERNSTEIN, LES
Address	DEARBORN STREET
City-State-Zip:	ENGLEWOOD FL 34223

Title	DIRECTOR
Name	STEPHANIE , BORCHARD
Address	SOUTH ST.
City-State-Zip:	ENGLEWOOD FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CINDY P. MEALS**TREASURER**

04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date