

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90017 004 ****61.25

DOCUMENT # 714188	
1. Entity Name ENGLEWOOD BEACH CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2000 BAYVIEW BLVD ENGLEWOOD FL 34223	Mailing Address 2000 BAYVIEW BLVD ENGLEWOOD FL 34223
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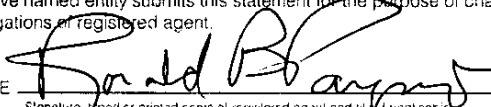
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent PANGRAZIO, RON 86 SUNRISE DR ENGLEWOOD FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

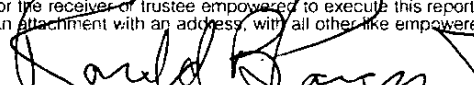
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAGGONARE, MARIAN 76 SUNRISE DR ENGLEWOOD FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STILES, ALAN W 16 PEARL STREET ENGLEWOOD FL 34223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN Largent 52 SUNRISE DR ENGLEWOOD, FL. 34223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANGRAZIO, RON 86 SUNRISE DR ENGLEWOOD FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWERTZZER, FRED 57 PEARL ENGLEWOOD FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGENT, ANITA 30 PEARL ST ENGLEWOOD FL 34223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD TUMANIC 83 SUNRISE DR. ENGLEWOOD, FL 34223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTONDO, MR. DONALD 68 PEARL STREET ENGLEWOOD FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR