

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 22 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715606 (0)

1. Corporation Name

ENGLEWOOD ISLES I ASSOCIATION, INC.

Principal Place of Business

18-A OAKWOOD DRIVE NORTH
ENGLEWOOD FL 34223

Mailing Address

18-A OAKWOOD DRIVE NORTH
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1968

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1507155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, ROBERT L.
227 S. NOKOMIS
VENICE FL 33595

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WRIGHT, HERBERT
STREET ADDRESS	30 OAKWOOD DR N
CITY - ST - ZIP	ENGLEWOOD, FL 00000
TITLE	PD
NAME	POPE, ROBERT
STREET ADDRESS	44 OAKWOOD DR N
CITY - ST - ZIP	ENGLEWOOD, FL 00000
TITLE	TD
NAME	PARISH, ROBERT
STREET ADDRESS	30 OAKWOOD DR., N.
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	GUSTAVSON, ARTHUR
STREET ADDRESS	45 OAKWOOD DRIVE NORTH
CITY - ST - ZIP	ENGLEWOOD, FL 00000
TITLE	SD
NAME	HATHAWAY, PHYLLIS
STREET ADDRESS	22 OAKWOOD DR N
CITY - ST - ZIP	ENGLEWOOD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☐ Change ☒ Addition
1.2 NAME	BOURNE, BENJAMIN C. (BOURNE)	
1.3 STREET ADDRESS	42 Oakwood Drive N	
1.4 CITY - ST - ZIP	Englewood, FL 34223	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	Job ☒ Change ☐ Addition
3.2 NAME	PARISH, ROBERT	
3.3 STREET ADDRESS	30 Oakwood Drive N	
3.4 CITY - ST - ZIP	Englewood, FL 34223	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	WILHELM, LEONARD	
4.3 STREET ADDRESS	18 Oakwood Drive N	
4.4 CITY - ST - ZIP	Englewood, FL 34223	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	COX, WILLIAM	
5.3 STREET ADDRESS	5 Oakwood Drive N	
5.4 CITY - ST - ZIP	Englewood, FL 34223	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Benjamin C. Bourne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95

Date

(813) 474-8077

Telephone Number