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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34223-2008

3. Date Incorporated or Qualified

11/22/1968

3a. Date of Last Report

03/04/1996

4. FEI Number

59-1507155

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE
NAME BOURNE, BENJAMIN C
STREET ADDRESS 42 OAKWOOD DRIVE N
CITY - ST - ZIP ENGLEWOOD FL 342231.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME Campbell, Thyrsa
1.3 STREET ADDRESS 43 Oakwood Drive N
1.4 CITY - ST - ZIP Englewood, FL 34223TITLE D ☐ DELETE
NAME HATHAWAY, JOSEPH
STREET ADDRESS 22 OAKWOOD DRIVE NORTH
CITY - ST - ZIP ENGLEWOOD FL2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME no change
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE PD ☐ DELETE
NAME PARISH, ROBERT
STREET ADDRESS 30 OAKWOOD DRIVE NORTH
CITY - ST - ZIP ENGLEWOOD FL3.1 TITLE PD ☐ Change ☐ Addition
3.2 NAME no change
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME LEIGH, DAVID
STREET ADDRESS 3 OAKWOOD DRIVE NORTH
CITY - ST - ZIP ENGLEWOOD FL4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Booth, Edwin E.
4.3 STREET ADDRESS 35 Oakwood Drive N
4.4 CITY - ST - ZIP Englewood, FL 34223TITLE SD ☐ DELETE
NAME MEZEY, EVA
STREET ADDRESS 31 OAKWOOD DRIVE NORTH
CITY - ST - ZIP ENGLEWOOD FL5.1 TITLE SD ☐ Change ☐ Addition
5.2 NAME no change
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME WILHEIM, LEONARD
STREET ADDRESS 18 OAKWOOD DRIVE NORTH
CITY - ST - ZIP ENGLEWOOD FL6.1 TITLE VD ☐ Change ☐ Addition
6.2 NAME no change
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/97

941-474-0594

CR2E037 (9/96)