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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90222 038 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715606**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/22/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1507155	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

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
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, THYRSA	1.2 NAME	FRED KERN
STREET ADDRESS	43 OAKWOOD DRIVE N.	1.3 STREET ADDRESS	34 OAKWOOD DRIVE NORTH
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTNER, NANCY	2.2 NAME	
STREET ADDRESS	41 OAKWOOD DRIVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANFIELD, DAVY	3.2 NAME	STANFIELD, DAVY
STREET ADDRESS	7 OAKWOOD DR., NORTH	3.3 STREET ADDRESS	7 OAKWOOD DRIVE NORTH
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, EDWIN E.	4.2 NAME	RUPERT LOWE
STREET ADDRESS	35 OAKWOOD DRIVE N.	4.3 STREET ADDRESS	10 OAKWOOD DRIVE NORTH
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEZEY, EVA	5.2 NAME	TED MORGAN
STREET ADDRESS	31 OAKWOOD DRIVE NORTH	5.3 STREET ADDRESS	29 OAKWOOD DRIVE NORTH
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILHEIM, LEONARD	6.2 NAME	ROBERT TATTON
STREET ADDRESS	18 OAKWOOD DRIVE NORTH	6.3 STREET ADDRESS	12 OAKWOOD DRIVE NORTH
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/27/99 941-470-4465

CR2E037 (11/98)