

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90020 009 ****61.25

DOCUMENT # 715606

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1507155

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **KERN, FRED**
STREET ADDRESS **34 OAKWOOD DRIVE NORTH**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **Phyllis HATHAWAY**
STREET ADDRESS **32 OAKWOOD DR. N.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **PD** ☐ Delete
NAME **NAEYE, DON**
STREET ADDRESS **24 OAKWOOD DR. NORTH**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **Edward Giacobbe**
STREET ADDRESS **39 OAKWOOD DR. N.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **VD** ☒ Delete
NAME **ZOBRIST, BEN**
STREET ADDRESS **56 OAKWOOD DR. NORTH**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **V. Pres.** ☐ Change ☒ Addition
NAME **William PARKER**
STREET ADDRESS **37 OAKWOOD DR. N.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **D** ☒ Delete
NAME **PEARL, LEE**
STREET ADDRESS **53 OAKWOOD DR. NORTH**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Change ☒ Addition
NAME **Leonard Wilhelm**
STREET ADDRESS **18 OAKWOOD DR. NORTH**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **D** ☐ Delete
NAME **SCHULER, PETE**
STREET ADDRESS **25 OAKWOOD DR. NORTH**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Change ☒ Addition
NAME **Virginia Heil**
STREET ADDRESS **PO OAKWOOD DR. N.**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **D** ☒ Delete
NAME **ROTHGERY, HAL**
STREET ADDRESS **4 OAKWOOD DR NORTH**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

941-475-3364

Daytime Phone #

CR2E037 (9/01)