

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90045 038 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1507155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Becker + Poliakoff, Kevin Edwards.
Street Address (P.O. Box Number is Not Acceptable)
DEP 1630 South Orange Ave. 32nd Floor.
SARASOTA FL Zip Code 34236

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

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	☐ Delete
NAME	BECKING, DAVID	
STREET ADDRESS	31 OAKWOOD DR. N.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	AT	☐ Delete
NAME	GIACOBBE, EDWARD	
STREET ADDRESS	39 OAKWOOD DR N	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	P	☐ Delete
NAME	PARKER, WILLIAM	
STREET ADDRESS	37 OAKWOOD DR N	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	☒ Delete
NAME	LEONARD, WILHELM	
STREET ADDRESS	18 OAKWOOD DR NORTH	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	☒ Delete
NAME	HEILL, VIRGINIA	
STREET ADDRESS	18 OAKWOOD DR N	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	S	☒ Delete
NAME	POPE, BOB	
STREET ADDRESS	44 OAKWOOD DR. N.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☐ Change ☒ Addition
NAME	Sallie Braser	
STREET ADDRESS	7186 N-meredith CT.	
CITY-ST-ZIP	Monticello, IN. 47960	
TITLE	S	☐ Change ☒ Addition
NAME	John Morgan	
STREET ADDRESS	1191 Porterville Rd.	
CITY-ST-ZIP	EAST AURORA, N.Y. 14052	
TITLE	D	☐ Change ☒ Addition
NAME	Richard Poniatowski	
STREET ADDRESS	10 OAKWOOD DR. N.	
CITY-ST-ZIP	Englewood, FL. 34223	
TITLE	D	☐ Change ☒ Addition
NAME	Robin Carlson	
STREET ADDRESS	52 OAKWOOD DR. N	
CITY-ST-ZIP	Englewood, FL. 34223	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2004

Date

941-475-3364

Daytime Phone #