


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90081 004 ****61.25

DOCUMENT # 715606 1. Entity Name ENGLEWOOD ISLES I ASSOCIATION, INC.	
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Principal Place of Business 18-A OAKWOOD DRIVE NORTH ENGLEWOOD, FL 34223	Mailing Address 18-A OAKWOOD DRIVE NORTH ENGLEWOOD, FL 34223
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01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1507155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BECKER, POLIAKOFF, & KELVIN EDWARDS
630 SOUTH ORANGE AVE., 3RD FLOOR
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BRASER, SALLIE
STREET ADDRESS	7186 N-MEREDITH CT.
CITY-ST-ZIP	MONTICELLO, IN 47960
TITLE	S
NAME	MORGAN, JOHN
STREET ADDRESS	1191 PORTERVILLE RD.
CITY-ST-ZIP	EAST AURORA, NY 14052
TITLE	D
NAME	PONJATOWSKI, RICHARD
STREET ADDRESS	10 OAK DR., N
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	CARLSON, ROBIN
STREET ADDRESS	52 OAKWOOD DR., N.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	P
NAME	William Parker
STREET ADDRESS	37 Oakwood Dr. N.
CITY-ST-ZIP	Englewood, FL 34223
TITLE	VP
NAME	David Backing
STREET ADDRESS	31 Oakwood Dr. N.
CITY-ST-ZIP	Englewood, FL 34223

**DO NOT WRITE
IN THIS SPACE**

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

3-1-2005

Date

Daytime Phone #

941-473-1247