


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90017 001 \*\*\*\*61.25

<b>DOCUMENT # 715606</b>			
1. Entity Name <b>ENGLEWOOD ISLES I ASSOCIATION, INC.</b>			
Principal Place of Business <b>18-A OAKWOOD DRIVE NORTH ENGLEWOOD FL 34223</b>		Mailing Address <b>18-A OAKWOOD DRIVE NORTH ENGLEWOOD FL 34223</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1507155</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF, &amp; KELVIN EDWARDS 630 SOUTH ORANGE AVE., 3RD FLOOR SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. 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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BRASER, SALLIE</b> <b>7186 N-MEREDITH CT.</b> <b>MONTICELLO IN 47960</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T</b> <b>DIANNE CORCORAN</b> <b>5 OAKWOOD DR. N</b> <b>ENGLEWOOD FL 34223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>MORGAN, JOHN</b> <b>1191 PORTERVILLE RD.</b> <b>EAST AURORA NY 14052</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>MIKE SHIMKUS</b> <b>40 OAKWOOD DR N.</b> <b>ENGLEWOOD, FL 34223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>RP</b> <b>PONJATOWSKI, RICHARD</b> <b>10 OAK DR., N</b> <b>ENGLEWOOD FL 34223</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>CARLSON, ROBIN</b> <b>52 OAKWOOD DR., N.</b> <b>ENGLEWOOD FL 34223</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>PARKER, WILLIAM</b> <b>37 OAKWOOD DR N</b> <b>ENGLEWOOD FL 34223</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>BECKING, DAVID</b> <b>31 OAKWOOD DR N</b> <b>ENGLEWOOD FL 34223</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David Becking* 2/22/06 (941) 474-0538