


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90035 028 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>504 N. INDIANA AVE</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>ENGLEWOOD FL</b>  Zip                      Country <b>34223                      USA</b>		4. FEI Number <b>59-1507155</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BECKER, POLIAKOFF, &amp; KELVIN EDWARDS</b> <b>630 SOUTH ORANGE AVE., 3RD FLOOR</b> <b>SARASOTA, FL 34236</b> <b>Atrium CAM, Inc.</b> <b>504 N. Indiana Ave.</b> <b>Englewood, FL 34223</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BRASER, SALLIE</b> <b>7186 N-MEREDITH CT.</b> <b>MONTICELLO, IN 47960</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORCORAN, DIANNE</b> <b>5 OAKWOOD DR N</b> <b>ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORGAN, JOHN</b> <b>1191 PORTERVILLE RD.</b> <b>EAST AURORA, NY 14052</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MORGAN, TED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PONJATOWSKI, RICHARD</b> <b>10 OAK DR., N</b> <b>ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PONJATOWSKI, RICHARD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARKER, WILLIAM</b> <b>37 OAKWOOD DR N</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>O'ROURKE, JAMES</b> <b>27 OAKWOOD DR N</b> <b>ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOOTH, MIKE</b> <b>42 OAKWOOD DR S</b> <b>ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>42 OAKWOOD DR N</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHIMKUS, MIKE</b> <b>40 OAKWOOD DR S</b> <b>ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILHELM, LEONARD</b> <b>35 OAKWOOD DR N</b> <b>ENGLEWOOD, FL 34223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Richard Poniatowski</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/9/08</b> <b>(941) 474-0530</b> <small>Date                      Daytime Phone #</small>		

**60024801**



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