
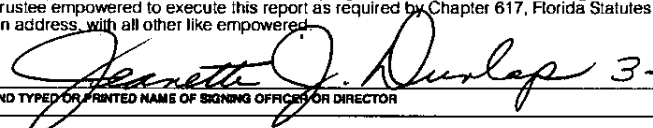


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-08-2004 90028 010 \*\*\*\*61.25

<b>DOCUMENT # 724095</b>					
<b>1. Entity Name</b> <b>ENGLEWOOD ISLES IMPROVEMENT ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> 170 W DEARBORN ST. ENGLEWOOD, FL 34223			<b>Mailing Address</b> 170 W DEARBORN ST. ENGLEWOOD, FL 34223		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-1980967</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> DUNKIN, DAVID A. 170 W DEARBORN ST. ENGLEWOOD, FL 34223					
<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____					
<b>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.</b> 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</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input checked="" type="checkbox"/> Delete HILTEBEITEL, NELSON 66 WINDSOR DRIVE ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <input type="checkbox"/> Delete BONA, THOMAS 12 STONE MOUNTAIN BLVD ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <input type="checkbox"/> Delete DUNLAP, JEANETTE 61 WINDSOR DRIVE ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input checked="" type="checkbox"/> Delete GENTSCH, STEW 46 WINDSOR DR ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete BRAINARD, PAUL H 7 DOVER DR ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete AGNEW, WAYNE 1 STONE MOUNTAIN BLVD ENGLEWOOD, FL 34223				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DI BIASI, JAMES 25 WINDSOR DRIVE ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARQUARDT, TOM 36 BRIDGE ST. ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DICKINSON, AMY 16 BRIDGE ST. ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEGG, JAMES 14 WINDSOR DRIVE ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEPHENSON, MICHAEL 18 WINDSOR DRIVE ENGLEWOOD, FL 34223				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O'BERRY, GABRIELLE 6 DOVER DRIVE ENGLEWOOD, FL 34223				
<b>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.</b>					
<b>SIGNATURE:</b>  <b>3-3-04</b> <b>941-473-4789</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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