FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90407 029 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 724095

1. Entity Name
ENGLEWOOD ISLES IMPROVEMENT ASSOCIATION, INC.

40076096

Principal Place of Business	Mailing Address
12 STONE MOUNTAIN BLVD ENGLEWOOD, FL 34223	12 STONE MOUNTAIN BLVD ENGLEWOOD, FL 34223

04212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1980967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONA, THOMAS 12 STONE MOUNTAIN BLVD ENGLEWOOD, FL 34223	Name DAVID P SCATTERGOOD Street Address (P.O. Box Number is Not Acceptable) 54 WINDSOR DRIVE City ENGLEWOOD FL Zip Code 34223

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when addressing)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DI BIASI, JAMES 25 WINDSOR DRIVE ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BONA, THOMAS 12 STONE MOUNTAIN BLVD ENGLEWOOD, FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCATTERGOOD, DAVID 54 WINDSOR DRIVE ENGLEWOOD, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUNLAP, JEANETTE 61 WINDSOR DRIVE ENGLEWOOD, FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AUSTIN, ZELLA 3 DOVER DRIVE ENGLEWOOD, FL 34223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARQUARDT, TOM 36 BRIDGE ST ENGLEWOOD, FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARD TEDLOCK 412 ENGLEWOOD ISLES PARKWAY ENGLEWOOD, FL 34223	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BERRY, GABRIELLE 6 DOVER DR ENGLEWOOD, FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENSON, MICHAEL 18 WINDSOR DR ENGLEWOOD, FL 34223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: David P Scattergood 4/25/06 474-8423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #