


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90107 014 ****61.25

DOCUMENT # 724095 1. Entity Name ENGLEWOOD ISLES IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 12 STONE MOUNTAIN BLVD ENGLEWOOD FL 34223		Mailing Address 12 STONE MOUNTAIN BLVD ENGLEWOOD FL 34223	
2. Principal Place of Business - No P.O. Box # 54 WINDSOR DRIVE		3. Mailing Address 54 WINDSOR DRIVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ENGLEWOOD, FL		City & State ENGLEWOOD, FL	
Zip 34223		Zip 34223	
Country SARASOTA		Country SARASOTA	
4. FEI Number 59-1980967		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCATTERGOOD, DAVID P 54 WINDSOR DR ENGLEWOOD FL 34223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PD STEWART GENTSLH 46 WINDSOR DRIVE ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP TD SCATTERGOOD, DAVID 54 WINDSOR DR E ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD AVSTIN, ZELLA 3 DOVER DR ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VD TEDLOCK, RICHARD 412 ENGLEWOOD ISLE PKWY ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D FRED KERN 76 WINDSOR DRIVE ENGLEWOOD, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D O'BERRY, GABRIELLE 6 DOVER DR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D WILLIAM LINVILLE 30 WINDSOR DRIVE ENGLEWOOD, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D STEPHENSON, MICHAEL 18 WINDSOR DR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D BONNIE WILKINSON 12 DOVER DRIVE ENGLEWOOD, FL 34223	<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 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 P SCATTERGOOD 01/31/07 474-8423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #