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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724773

1. Corporation Name

ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.

Principal Place of Business  
P.O. BOX 518  
ENGLEWOOD FL 34295-0518

Mailing Address  
P.O. BOX 518  
ENGLEWOOD FL 34295-0518



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/13/1972

4. FEI Number

59-2500612

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRIGGS, ROBIN  
197 BOUNDARY BLVD  
ROTONDA FL 33947

10. Name and Address of New Registered Agent

81 Name William W. Nicol  
82 Street Address (P.O. Box Number is Not Acceptable)  
7052 Hawksbury St.  
83  
84 City Englewood FL 85 Zip Code 34224

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*William W. Nicol*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BRIGGS, ROBIN	197 BOUNDARY BLVD	ROTONDA FL 33947	<input checked="" type="checkbox"/>
VP	RAY, LAURI	1880 FAUST	ENGLEWOOD FL 34223	<input checked="" type="checkbox"/>
A/D	BOWEN, BRAXTON	P O BOX 71 N/A	BOCA GRANDE FL	<input checked="" type="checkbox"/>
T	RICH, RITA, Rich	10061 SEABROOK AVE	ENGLEWOOD FL 34224	<input type="checkbox"/>
S	BONNET, V	11178 ROCKWELL AVE	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
CD	KOSTER, KAREN	9379 STEUBENVILLE AV	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	William W. Nicol	7052 Hawksbury St.	Englewood FL 34224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Kristine M. Riley	11433 Claggett Ave	Port Charlotte, FL 33981	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A/D	Paul H. Spence II	1054 SCHWABER LN	ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
S	Guy A. Purdin	11433 Claggett Ave	Port Charlotte, FL 33981	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
CD	Kim Nicol	7052 Hawksbury St.	Englewood, FL 34224	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*William W. Nicol*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #