2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State **DOCUMENT # 724773** 1. Entity Name 05-01-2006 90317 036 ****61.25 ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC. Principal Place of Business Mailing Address 6765 SAN CASA DR. ENGLEWOOD FL 34224 PO BOX 2008 ENGLEWOOD FL 34295-2008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2500612 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RILEY, KRISTINE M Street Address (P.O. Box Number is Not Acceptable) 11433 CLAGGETT AVENUE PORT CHARLOTTE FL 33981 City 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 (NOTE: Registered Agent signature required when reinstating). FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS NITLE Delete Secretary ☐ Change COLEMAN, WANDA NÀME NAME Althea Connor 135 MARK TWAIN LANE STREM ADDRESS STREET ADDRESS 6326 Granger Road ROTONDA WEST FL 33947 CITY-ST-ZIP CITY-ST\ZIP Port Charlotte, FL 33981 🗹 Delete Change ☐ Addition TITLE TITLE Director RILEY, KRISTINE M NAME MARKE Debbie Lewis 11433 CLAGGETT AVENUE STREET ADDRESS STREET ADÓRESS 12383 Quinlan Avenue PORT CHARLOTTE FL 33981 CITY-ST-ZIP CITY-ST-ZIP Port Charlotte IIIIE ☐ Delete TITLE XX Change Addition Director BANNAN, GWA NAME NAME Chelly Russell 133 NORTH MO CALL ROAD STREET ADDRESS STREET ADDRESS 1911 Neptune Drive ENGLEWOOD FL 84223 CITY-ST-ZIP CITY-ST-ZIP Englewood, FL 34223 ☐ Delete TITLE ☐ Change ☐ Addition TITLE Director NAME KIEHL, WENDY NAME Wayne Claspille 6326 Coniston St Port Charlotte, 950 ELWOOD AVENUE STREET ADDRESS STREET ADDRESS Street e, FL 33981 ENGLEWOOD FL 34223 CITY-ST-7IP CITY-ST-ZIP Director TITLE Delete TITLE X Change ☐ Addition Wanda Coleman PURDIM, SHAYNE NAME NAME 135 Mark Twain Lane 10517 GREENWAY AVENUE STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 Rotonda West, FL 33947 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THE ☐ Change XX Addition Director BARNA, JOHN R JR. NAME Dave Nelson 13517 DIBELLA AVENUE 3297 Sherman Street STREET ADDRESS STREET ADDRESS etiy-st-zip PORT CHARLOTTE FL 33981 CITY-ST-ZIP Englewood, FL 34224

FILED

12. I hereby certify that the information supplied with this filling 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:

SIGNATU

2906 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURT (AR)					.				
DOCUMENT # 724773					ስ ተ ዋል ላ ፡ ፡				
ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.					ATTACHMENT				
Principal Plac	e of Business	Mailing Address			40071588				
6765 SAN CASA DR.		PO BOX 2008 ENGLEWOOD FL 34295-2008			700	1100	10		
ENGLEWOOD FL 34224 ENGLEWOOD FL 34			<i></i>			100 mg			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E037 (10	· · · · · · · · · · · · · · · · · · ·		
City & State		City & State			4. FEI Number 59-250061		No	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
RILEY, KRISTINE M				Street Address (P.O. Box Number is Not Acceptable)					
11433 CLAGGETT AVENUE PORT CHARLOTTE FL 33981				Street Address (P.O. Box Number is Not Acceptable)					
TOTA OFFICE TE 1 2 3330 T			City						
					FL 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 Lusting M. Killey 4-18-06									
SIGNATURE Signature, typnod or printed name of registered agent and little y applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Due By May 1, 2006 7. Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State									
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10									
TITLE	P OF TOCATO AND DIS	K XOelete	TITLE	T	President		Change	XX Addition	
	COLEMAN, WANDA 135 MARK TWAIN LANE		NAME STREET ADDRESS	Rola	and Lytle				
CITY-ST-ZIP	ROTONDA WEST FL 33947		CITY-ST-ZIP	i i	Charlotte, FL	33981			
TITLE	VSD	☐ Delete	TITLE	Pres	sident	[2]	Change	Addition	
NAME STREET ADDRESS	RILEY, KRISTINE M 11433 CLAGGETT AVENUE		NAME STREET ADDRESS					·	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		CITY-ST-ZIP						
TITLE NAME	S BANNAN, GINA	☐ Delete	TITLE NAME	Trea	asurer	(3)	Change	Addition	
STREET ADDRESS	133 NORTH MC CALL ROAD		STREET ADDRESS	;					
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP			r -M	01		
TITLE NAME	KIEHL, WENDY	☐ Delete	TITLE NAME	Dire	ector	Ŋ	Change	Addition	
STREET ADDRESS	950 ELWOOD AVENUE		STREET ADDRESS	3					
CITY-ST-ZIP	ENGLEWOOD FL 34223	XXDelete	CITY-ST-ZIP TITLE	2 + 1- 3	Latia Binastan	П	Channe	XX Addition	
NAME	PURDIN, SHAYNE	413 00000	NAME		letic Director Connaghan				
STREET ADDRESS	10517 GREENWAY AVENUE ENGLEWOOD FL 34224		STREET ADDRESS CITY-ST-ZIP		7 Bass Street	4			
TITLE	D D	XX Delete	TITLE		<u>lewood, FL 3422</u> rit Director		Change	XX Addition	
NAME	BARNA, JOHN R JR.	-22-001010	NAME	Kim	McGill		-		
STREET ADDRESS CITY-ST-ZIP	13517 DIBELLA AVENUE PORT CHARLOTTE FL 33981		STREET ADDRESS CITY-ST-ZIP	050.	Mamouth Stree				
	certify that the information supplied wit	h this filing does not qualify for		Eng	Lewood, FL 3422 ed in Section 119, Florida Statutes	4 s. I further certify the	hat the i	nformation	

2. 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: **Wasture** **Wasture*