


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90353 022 ****61.25

DOCUMENT # 724773					
1. Entity Name ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.					
Principal Place of Business 6765 SAN CASA DR. ENGLEWOOD, FL 34224			Mailing Address PO BOX 2008 ENGLEWOOD, FL 34295-2008		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2500612	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DEICHMAN, CHRISTOPHER J 62 LONG MEADOW COURT ROTONDA WEST, FL 33947				7. Name and Address of New Registered Agent	
				Name Riley, Kristine	
				Street Address (P.O. Box Number is Not Acceptable) 11433 Claggett Ave.	
				City Port Charlotte	
				FL 33981	
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 <i>Kristine M. Riley</i>				DATE <i>4/15/08</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	V DEICHMAN, CHRISTOPHER J 62 LONG MEADOW COURT ROTONDA WEST, FL 33947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Riley, Kristine 11433 Claggett Ave. Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNOR, ALTHEA 6326 GRANGER RD PORT CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wise, Kelly 11127 Jacqueline Ave. Englewood, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRINGLE, BONNIE 140 SPANIARDS ROAD PLACIDA, FL 33946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ankner, Mary 10514 Carnegie Avenue Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOL, KIM 7052 HAWKSBURY STREET ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kimberline, Billy 10430 Grail Ave. Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, HEATHER 140 BROADWAY TERRACE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caspolich, Chuck 7417 Teaberry St Englewood, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKETT, TRAVIS 11124 JACQUELINE AVE ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Friedline, Rex 14167 Onslow Lande Port Charlotte, FL 33981	<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 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: <i>Kristine M. Riley</i>				DATE: <i>4/15/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>941-468-4069</i>	

ATTACHMENT

40084905

2008 Not-For-Profit Corporation
Annual Report

Document #724773
Englewood Area Athletic Association, Inc.

D
Deichman, Christopher J.
62 Long Meadow Court
Rotonda, FL 33947

D
Palmer, Robin
5221 Cannon Street
Port Charlotte, FL 33981