


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90029 001 ****61.25

DOCUMENT # 750112 1. Entity Name ENGLEWOOD ISLES LAKE ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 459 DOVER CIR ENGLEWOOD, FL 34223 US			Mailing Address 459 DOVER CIR ENGLEWOOD, FL 34223 US																																																																																																																																						
2. Principal Place of Business 353 EDEN DRIVE		3. Mailing Address 353 EDEN DRIVE																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State ENGLEWOOD, FL		City & State ENGLEWOOD, FL		4. FEI Number 59-2814919																																																																																																																																					
Zip 34223		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent MOORE, ROBERT L. 227 NOKOMIS AVE. S. VENICE, FL 34285			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) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Make check payable to Florida Department of State </div> </div>																																																																																																																																									
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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: <u><i>Gordon Reineke</i></u> GORDON REINEKE 05/06/06 (941) 475-1305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #</small>																																																																																																																																									