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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750113 (3)

1. Corporation Name
ENGLEWOOD ISLES, UNIT 6, IMPROVEMENT ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1947 ENGLEWOOD RD. SUITE 240 ENGLEWOOD FL 34223	1947 ENGLEWOOD RD. SUITE 240 ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1979
3a. Date of Last Report: 02/15/1994
4. FEI Number: 48-0578877 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOORE, ROBERT L.
227 NOKOMIS AVE. S.
VENICE FL 34285

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~TABOR, RALPH~~	1.2 NAME	LES SULZER,	
STREET ADDRESS	~~417 LEMONWOOD DR~~	1.3 STREET ADDRESS	433 LEMONWOOD DR	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	~~VD~~	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~SULZER, LES~~	2.2 NAME	LEN ANTHONY	
STREET ADDRESS	~~433 LEMONWOOD DRIVE~~	2.3 STREET ADDRESS	513 BOXWOOD	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	~~STD~~	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	~~LUKES, GLEN~~	3.2 NAME	KEN EWAN,	
STREET ADDRESS	~~409 LEMONWOOD DR~~	3.3 STREET ADDRESS	206 ROCKWOOD WAY,	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ (813) 475-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LES SULZER, PRES

0017000