FILE NOW: FILING FEE AFTER MAY 1, IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750114 (1)

1. Corporation Name

ENGLEWOOD ISLES, UNIT 5, IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1847 ENGLEWOOD RD. STE 240 ENGLEWOOD FL 34223	1847 ENGLEWOOD RD. STE 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

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 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	~~WRIGHT, GUY~~	1.2 NAME	FRANK GEROULD,	
STREET ADDRESS	~~200 BRANDYWINE CIRCLE~~	1.3 STREET ADDRESS	386 EDEN DR.	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~WOJCIK, HERB~~	2.2 NAME	JANICE FINDLEY,	
STREET ADDRESS	~~303 EDEN DR~~	2.3 STREET ADDRESS	464 EDEN DR.	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	ST	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	~~GEROULD, FRANK~~	3.2 NAME	DORIS HAMBLIN,	
STREET ADDRESS	~~386 EDEN DR~~	3.3 STREET ADDRESS	466 DOVER DR S.,	
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: Frank Gerould (813) 474-2726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANK GEROULD PRES

0018008