


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90101 008 \*\*\*\*61.25

<b>DOCUMENT # 755076</b>					
<b>1. Entity Name</b> ENGLEWOOD ISLES IMPROVEMENT ASSOCIATION, INC., UNIT #3					
<b>Principal Place of Business</b> 28 WATERFORD DR. ENGLEWOOD, FL 34223 US			<b>Mailing Address</b> 28 WATERFORD DR. ENGLEWOOD, FL 34223 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0017001	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SCHELL, STACY 28 WATERFORD DR. ENGLEWOOD, FL 34223			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> SCHELL, STACY		<b>TITLE</b> VP	<b>NAME</b> CHARLES ZAJAC	
<b>STREET ADDRESS</b>	28 WATERFORD DR.		<b>STREET ADDRESS</b>	334 OAKWOOD CIRCLE	
<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223		<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223	
<b>TITLE</b> T	<b>NAME</b> SCHELL, WILLIAM		<b>TITLE</b> D	<b>NAME</b> ALLEN SHORT	
<b>STREET ADDRESS</b>	28 WATERFORD DR.		<b>STREET ADDRESS</b>	340 OAKWOOD CIRCLE	
<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223		<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223	
<b>TITLE</b> S	<b>NAME</b> FREUND, LAUREL		<b>TITLE</b> D	<b>NAME</b> DENISE SCHAUB	
<b>STREET ADDRESS</b>	19 WATERFORD DR.		<b>STREET ADDRESS</b>	319 OAKWOOD CIRCLE	
<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223		<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223	
<b>TITLE</b> VP	<b>NAME</b> ZANGARA, VICKI		<b>TITLE</b> D	<b>NAME</b> ROBYN NYDAM	
<b>STREET ADDRESS</b>	17 WATERFORD DR.		<b>STREET ADDRESS</b>	330 OAKWOOD CIRCLE	
<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223		<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223	
<b>TITLE</b> D	<b>NAME</b> MARTIN, JIM		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	324 OAKWOOD CIRCLE		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223		<b>CITY - ST - ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> STEVENSON, ROBERT		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	42 WATERFORD DR.		<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	ENGLEWOOD, FL 34223		<b>CITY - ST - ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stacy Schell</u> Stacy Schell			4-06-06		941-473-3302
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>