


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90110 039 \*\*\*\*61.25

<b>DOCUMENT # 755076</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 - No P.O. Box # <b>26 Waterford Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>26 Waterford Dr</b> Suite, Apt. #, etc.			
City & State <b>Englewood, FL</b> Zip <b>34223</b>		City & State <b>Englewood, FL</b> Zip <b>34223</b>		4. FEI Number <b>65-0017001</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHELL, STACY 28 WATERFORD DR. ENGLEWOOD, FL 34223</b>			7. Name and Address of New Registered Agent Name <b>Addison, Harry</b> Street Address (P.O. Box Number is Not Acceptable) <b>26 Waterford Dr.</b> City <b>Englewood</b> <b>FL</b> Zip Code <b>34223</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. SIGNATURE <u><i>Harry M. Addison</i></u> ( <b>HARRY M. Addison</b> ), <b>PRESIDENT E143</b> <span style="float: right;"><b>2-6-2007</b></span> <small>(NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHELL, STACY</b> <b>28 WATERFORD DR.</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Addison, Harry</b> <b>26 Waterford Dr</b> <b>Englewood, FL 34223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHELL, WILLIAM</b> <b>28 WATERFORD DR</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DiCianni, Linda</b> <b>341 Oakwood Circle</b> <b>Englewood, FL 34223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FREUND, LAUREL</b> <b>19 WATERFORD DR</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Dickinson, John F.</b> <b>32 Waterford Dr.</b> <b>Englewood, FL 34223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZAJAC, CHARLES</b> <b>334 OAKWOOD CIRCLE</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Hiltebeitel, Nelson</b> <b>326 Oakwood Circle</b> <b>Englewood, FL 34223</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARTIN, JIM</b> <b>324 OAKWOOD CIRCLE</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVENSON, ROBERT</b> <b>42 WATERFORD DR</b> <b>ENGLEWOOD, FL 34223</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <u><i>Harry M. Addison</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-6-2007</b> <b>941-473-0597</b> <small>Date Daytime Phone #</small>		