

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90127 004 \*\*\*\*61.25

**DOCUMENT # 756634**

1. Entity Name  
**ENGLEWOOD BEACH PLACE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1480 GULF BLVD  
ENGLEWOOD, FL 34223**

Mailing Address  
**1162 INDIAN HILLS BLVD.  
VENICE, FL 34293 US**

2. Principal Place of Business

**KEYS-CALDWELL, INC.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**USA**

Zip

Country

01242005

Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-2233117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CALDWELL, ANNETTE K  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name **KEYS-CALDWELL, INC.**

Street Address **1162 INDIAN HILLS BLVD.**

**VENICE, FL 34293**

City

**FL**

Zip Code

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

*Annette K Caldwell, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **WINTERS, MICHAEL**  
STREET ADDRESS **1480 GULA BLVD. #101**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Delete  
NAME **WOMBAHNER, DODIE**  
STREET ADDRESS **1480 GULF BLVD., #207**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Delete  
NAME **MILLIGAN, LEE**  
STREET ADDRESS **1480 GULF BLVD**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **SD** ☐ Delete  
NAME **NELSON, WILMA W**  
STREET ADDRESS **13 LONE OAK CT.**  
CITY-ST-ZIP **BLOOMINGTON, IL 61704**

TITLE **TD** ☐ Delete  
NAME **TANIS, PETER**  
STREET ADDRESS **1480 GULF BLVD #302**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Delete  
NAME **BRAGG, STEVE**  
STREET ADDRESS **1480 GULF BLVD. #205**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*JACK O. SYNDER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #