


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90219 042 ****61.25

DOCUMENT # 756634

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



Principal Place of Business
**KEYS-CALDWELL, INC.
 1162 INDIAN HILLS BLVD.
 VENICE, FL 34293**

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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country


3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-2233117

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

04122006 Chg-NP CR2E037 (11/05)



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 (P.O. Box Numbers Not Accepted)
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 *James S. Grant* DATE 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	<input type="checkbox"/> Delete
NAME	WINTERS, MICHAEL	
STREET ADDRESS	1480 GULA BLVD. #101	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOMBAHGER, DODIE	
STREET ADDRESS	1480 GULF BLVD., #207	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLIGAN, LEE	
STREET ADDRESS	1480 GULF BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NELSON, WILMA W	
STREET ADDRESS	13 LONE OAK CT.	
CITY-ST-ZIP	BLOOMINGTON, IL 61704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TANIS, PETER	
STREET ADDRESS	1480 GULF BLVD #302	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Wilma W Nelson* DATE 4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR