

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758459 (2)

1. Corporation Name

~~ENGLEWOOD ISLES UNIT 4 IMPROVEMENT ASSOCIATION~~
~~INC.~~ ENGLEWOOD ISLES PROPERTY OWNERS
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1847 ENGLEWOOD RD.
STE 240
ENGLEWOOD FL 34223

1847 ENGLEWOOD RD.
STE 240
ENGLEWOOD FL 34223



3. Date Incorporated or Qualified
05/21/1981

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2350168

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statute. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, ROBERT L.
227 NOKOMIS AVE., S.
VENICE FL 34285

81 Name

WILLIAM C. LAAK

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

379 EDEN DR.

83

84 City

ENGLEWOOD

FL

85 Zip Code

34223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SERESS, GEORGE
STREET ADDRESS 415 EDEN DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE VD ☐ DELETE
NAME KELLER, FREA
STREET ADDRESS 549 DOVERS S.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE SD ☐ DELETE
NAME STOCK, FRAN
STREET ADDRESS 413 EDEN DR.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

PD

1.2 NAME

HARRY J. STEELE

1.3 STREET ADDRESS

405 LEMONWOOD DR.

1.4 CITY-ST-ZIP

ENGLEWOOD, FL. 34223

2.1 TITLE

VD

2.2 NAME

WILLIAM C. LAAK

2.3 STREET ADDRESS

379 EDEN DR.

2.4 CITY-ST-ZIP

ENGLEWOOD, FL. 34223

3.1 TITLE

SD

3.2 NAME

FRANCES B. STOCK

3.3 STREET ADDRESS

413 EDEN DR.

3.4 CITY-ST-ZIP

ENGLEWOOD, FL. 34223

4.1 TITLE

TD

4.2 NAME

EMIL F. BENSON

4.3 STREET ADDRESS

350 RED ASH CIRCLE

4.4 CITY-ST-ZIP

ENGLEWOOD, FL. 34223

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

70000037600037
03/27/96-01032-015

***\$61.25

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 (941) 475-4865

Date

Daytime Phone #

CR2E037 (12/95)