

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758459 (2)
1. Corporation Name
ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business 1847 ENGLEWOOD RD. STE 240 ENGLEWOOD FL 34223	Mailing Address 1847 ENGLEWOOD RD. STE 240 ENGLEWOOD FL 34223
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2. Principal Place of Business 21 1811 Englewood Rd Suite, Apt. #, etc. 22 STE 240 City & State 23 Englewood, FL Zip 24 34223	2a. Mailing Address 26 1811 Englewood Rd. Suite, Apt. #, etc. 27 STE 240 City & State 28 Englewood, FL Zip 29 34223
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3. Date Incorporated or Qualified 05/21/1981
4. FEI Number 59-2350168
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LAAK, WILLIAM C 379 EDEN DR ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent 81 Name LOWE, WILLIAM W., JR 82 Street Address (P.O. Box Number is Not Acceptable) 420 FIRETHORN AVE 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 *William W. Lowe Jr.* **William W. Lowe, Jr, President**
Signature, typed or printed name of registered agent (use if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	LOWE, WILLIAM W JR
STREET ADDRESS	420 FIRETHORN AVE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	LAAK, WILLIAM C
STREET ADDRESS	379 EDEN DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	FEE, BETTY B
STREET ADDRESS	209 ROCKWOOD WAY
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BENSON, EMIL F
STREET ADDRESS	350 RED ASH CIR
CITY-ST-ZIP	ENGLEWOOD FL 34223
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOWE, WILLIAM W. JR
1.3 STREET ADDRESS	420 FIRETHORN AVE
1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COLEGROVE, DUANE
2.3 STREET ADDRESS	342 RED ASH CIRCLE
2.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34223
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Emil F. Benson, Treasurer*

CR2E037 (10/97)