

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90058 024 ****61.25

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DOCUMENT # 758459

1. Corporation Name

ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

181 ENGLEWOOD RD
STE 240
ENGLEWOOD FL 34223
US

Mailing Address

1811 ENGLEWOOD RD
240
ENGLEWOOD FL 34223
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/21/1981

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

9. Name and Address of Current Registered Agent

LOWE, WILLIAM W JR
420 FIRETHORN AVE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name COLEGROVE, DUANE

82 Street Address (P.O. Box Number is Not Acceptable)
342 RED ASH CIRCLE

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

Duane Colegrove
Signature of registered agent and title if applicable

DUANE COLEGROVE, President

2-15-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOWE, WILLIAM W JR
STREET ADDRESS 420 FIRETHORN AVE
CITY-ST-ZIP ENGLEWOOD FL 34223
☒ DELETE

TITLE VD
NAME COLEGROVE, DUANE
STREET ADDRESS 342 RED ASH CIR
CITY-ST-ZIP ENGLEWOOD FL 34223
☒ DELETE

TITLE SD
NAME FEE, BETTY B
STREET ADDRESS 209 ROCKWOOD WAY
CITY-ST-ZIP ENGLEWOOD FL
☐ DELETE

TITLE TD
NAME BENSON, EMIL F
STREET ADDRESS 350 RED ASH CIR
CITY-ST-ZIP ENGLEWOOD FL 34223
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME COLEGROVE, DUANE
1.3 STREET ADDRESS 342 RED ASH CIRCLE
1.4 CITY-ST-ZIP ENGLEWOOD, FL. 34223
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME LAAK, WILLIAM C.
2.3 STREET ADDRESS 379 EDEN DR.
2.4 CITY-ST-ZIP ENGLEWOOD, FL. 34223
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Emil F. Benson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMIL F. BENSON, TREASURER

Daytime Phone #

CR2E037 (1/198)