

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758459

1. Entity Name

ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 034 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1811 ENGLWOOD RD STE 240 ENGLEWOOD FL 34223 US	1811 ENGLEWOOD RD 240 ENGLEWOOD FL 34223-1822 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2350168	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEGROVE, DUANE
342 RED ASH CIRCLE
ENGLEWOOD FL 34223

Name: William C. Laak
Street Address (P.O. Box Number is Not Acceptable): 379 Eden Dr
City: Englewood, FL Zip Code: 34223

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.

SIGNATURE: *William C. Laak*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3-23-00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLEGROVE, DUANE	
STREET ADDRESS	342 RED ASH CIRCLE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAKE, WILLIAM C	
STREET ADDRESS	379 EDEN DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William C. Laak	
STREET ADDRESS	379 Eden Dr	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Guba	
STREET ADDRESS	377 Eden Dr.	
CITY-ST-ZIP	Englewood, FL. 34223	
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 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: *Emil F Benson* 3-23-00 (941) 475-4865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99