

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 08, 2001 08:00 AM****Secretary of State****DOCUMENT # 758459****1. Entity Name**

ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC.

**Principal Place of Business****Mailing Address**181 ENGLWOOD RD  
STE 240  
ENGLEWOOD  
34223  
US1811 ENGLEWOOD RD  
240  
ENGLEWOOD  
34223  
US**2. Principal Place of Business**

1811 ENGLWOOD RD

**3. Mailing Address**

1811 ENGLEWOOD RD

Suite, Apt. #, etc.

STE 240

Suite, Apt. #, etc.

SUITE 240

City &amp; State

ENGLEWOOD FL

City &amp; State

ENGLEWOOD FL

Zip

34223

Country

US

Zip

34223

Country

US

**4. FEI Number****59-2350168**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LAAK WILLIAM C  
379 EDEN DRENGLEWOOD FL  
34223**7. Name and Address of New Registered Agent**Name  
GUBA RICHARD APDStreet Address (P.O. Box Number is Not Acceptable)  
377 EDEN DRIVECity  
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 **RICHARD A GUBA****04/08/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25****9. Election Campaign Financing  
Trust Fund Contribution.****\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	BENSON EMIL F	
STREET ADDRESS	350 RED ASH CIR	
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	VD	<input type="checkbox"/> Delete
NAME	GUDA RICHARD A	
STREET ADDRESS	377 EDEN DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAAK WILLIAM C	
STREET ADDRESS	379 EDEN DR	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON LEN BTD	
STREET ADDRESS	484 DOVER DRIVE SOUTH	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE BETTY BSD	
STREET ADDRESS	209 ROCKWOOD WAY	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEEK HOWARD RVD	
STREET ADDRESS	537 DOVER DRIVE SOUTH	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBA RICHARD APD	
STREET ADDRESS	377 EDEN DRIVE	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Len B Nelson**

TD

04/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)