

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90037 020 ****61.25

DOCUMENT # 758459

1. Entity Name

ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

1811 ENGLWOOD RD
~~Box 240~~
ENGLEWOOD FL 34223
US

Mailing Address

1811 ENGLEWOOD RD
~~SUITE 240~~
ENGLEWOOD FL 34223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Box 240 or # 240

Suite, Apt. #, etc.

Box 240 or # 240

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2350168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOTELSON, JOAN M PD
381 EDEN DRIVE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

KENNETH WOLFE

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

373 ARDENWOOD 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kenneth D. Wolfe

Kenneth D. Wolfe, President

2-19-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOTELSON, JOAN M PD	
STREET ADDRESS	381 EDEN DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TOMANEK, ELAINE VD	
STREET ADDRESS	369 EDEN DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLACKMORE, ELAINE-SD	
STREET ADDRESS	379 EDEN DRIVE	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHEEK, MILDRED A TD	
STREET ADDRESS	537 DOVER DRIVE SOUTH	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH WOLFE	
STREET ADDRESS	373 ARDENWOOD DR	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM ROWELL	
STREET ADDRESS	383 EDEN DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan M. Botelson	
STREET ADDRESS	381 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		

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:

Mildred A. Cheek **Mildred A. Cheek**

2-20-04

941-475-0579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #