## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #758459**

1. Entity Name ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC.



## FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90393 015 \*\*\*\*61.25

Principal Place of Business 1811 ENGLWOOD RD BOX 240 ENGLEWOOD, FL 34223 US		Mailing Address 1811 ENGLWOOD RD BOX 240 ENGLEWOOD, FL 34223 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-NP	CR2E037	(11/05)		
City & State		City & State			4. FEI Number 59-2350				plied For t Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate of	f Status Desired		8.75 Add se Required	itional	
	6. Name and Address of Current	Registered Agent	ad Agent			7. Name and Address of New Registered Agent.				
LEONIED TALL				Name						
LECHNER							<del></del>			
351 EDEN	DOD, FL 34223				Street Address (P.O. Box Number is Not Acceptable)					
LIVOLLIN	700,12 04220									
				City				FL Zip Code		
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.										
aller to William										
SIGNATURE //WWW 11/ EUW 4/22/06										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	· ·	\$5.00 May Be Added to Fees		ake check j Ida Departn	nent of St			
10.	OFFICERS AND DIF	RECTORS	CTORS 11.		ADDITIONS/CHA	NGES TO OFFICE		CTORS IN	10	
TITLE	PD	☐ Defete	TITLE					Change	Addition	
NAME	LECHNER, TOM		NAME	:			•			
STREET ADDRESS	51 EDEN DRIVE		STRE	et address						
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY	-ST-ZIP						
TILE	VD	☐ Delete	шп	VD				2 Change	☐ Addition	
NAME	FLOWERDAY, JIM		NAME	: Iwa	IFE, KEN	INETH	سورد و و			
STREET ADDRESS	35 EDEN DRIVE			ET ADDRESS 37	WOIFE, KENNETH  373 ARDENWOOD DRIVE  ENGLEWOOD, FL 34223					
CITY-ST-ZEP	ENGLEWOOD, FL 34223			ST-ZIP E	NGLEWO	OD, FL 34	1223			
TITLE	SD	☐ Delete	TITLE				[	Change	☐ Addition	
NAME	FREDERICK, MARY-LOU		NAME	1						
STREET ADDRESS CITY-ST-ZIP	346 EDEN DRIVE ENGLEWOOD, FL 34223		9	ET ADDRESS						
	· · · · · · · · · · · · · · · · · · ·			ST-ZIP		<del></del>	-			
TITLE NAME	TD CHEEK, MILDRED A	C Defets	TITLE	$T_{\lambda}D$	FOR AND	001	Į.	2 Change	Addition	
STREET ADDRESS	537 DOVER DRIVE SOUTH		NAME	ET ADDRESS / / / /	COUPN	EFDLE LA	ANE		}	
City-ST-ZIP	ENGLEWOOD, FL 34223			ST-ZIP	KLEW00	REA EEDLE LA D, FL	3427 =	⊋		
TITLE		☐ Delete	TITLE						- Addition	
NAME		C. Delas	NAME	1			ŧ	Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Delete	TITLE				1	Change	Addition	
NAME			NAME	1			•			
STREET ACORESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	ST-ZIP					ļ	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SONATURE AND TYPED OR PROTTED NAME OF SIGNING OFFICER OR DIRECTOR