


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90084 028 ****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 ENGLWOOD RD BOX 240 ENGLEWOOD, FL 34223 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2350168	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LECHNER, TOM 351 EDEN DRIVE ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name <u>RICHARD MOLTOZZA</u> Street Address (P.O. Box Number is Not Acceptable) <u>607 PINENEEDLE LANE</u> City <u>ENGLEWOOD</u> FL Zip Code <u>34223</u>		
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 <u><i>Richard Moltozza</i></u> 3/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME LECHNER, TOM STREET ADDRESS 351 EDEN DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		TITLE PD NAME RICHARD MOLTOZZA STREET ADDRESS 607 PINENEEDLE LANE CITY-ST-ZIP ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME WOLFE, KENNETH STREET ADDRESS 373 ARDENWOOD DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		TITLE VD NAME RON SWAGMAN STREET ADDRESS 215 ROCKWOOD WAY CITY-ST-ZIP ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME FREDERICK, MARY-LOU STREET ADDRESS 346 EDEN DRIVE CITY-ST-ZIP ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RIVERA, ANDREA STREET ADDRESS 615 PINENEEDLE LANE CITY-ST-ZIP ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JOANNE GODWIN STREET ADDRESS 327 GLADSTONE BLVD CITY-ST-ZIP ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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: <u><i>Richard Moltozza</i></u> 3/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					