

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 758459

FILED
Mar 05, 2003
Secretary of State

Entity Name: ENGLEWOOD ISLES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1811 ENGLWOOD RD
STE 240
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

1811 ENGLEWOOD RD
SUITE 240
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 59-2350168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEEK, HOWARD R PD
537 DOVER DRIVE SOUTH
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

BOTELSON, JOAN M PD
381 EDEN DRIVE
ENGLEWOOD, FL 34223 US

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: JOAN M. BOTELSON

03/05/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHEEK, HOWARD R PD
Address: 537 DOVER DRIVE SOUTH
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: VD () Delete
Name: FLOWERDAY, JAMES VD
Address: 344 EDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: SD () Delete
Name: WILLIAMS, ROSE SD
Address: 204 WOODLAND DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: TD () Delete
Name: BOTELSON, JOAN M TD
Address: 381 EDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOTELSON, JOAN M PD
Address: 381 EDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: VD (X) Change () Addition
Name: TOMANEK, ELAINE VD
Address: 369 EDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: SD (X) Change () Addition
Name: BLACKMORE, ELAINE SD
Address: 379 EDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: TD (X) Change () Addition
Name: CHEEK, MILDRED A TD
Address: 537 DOVER DRIVE SOUTH
City-St-Zip: ENGLEWOOD, FL 34223 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED A. CHEEK

TD

03/05/2003

Electronic Signature of Signing Officer or Director

Date