


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90011 015 ****61.25

DOCUMENT # 767644					
1. Entity Name ENGLELAKE OWNERS ASSOCIATION, INC.					
Principal Place of Business 6726 ENGLELAKE DR LAKELAND, FL 33813 US			Mailing Address P.O. BOX 6741 LAKELAND, FL 33807		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2318493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNEDY, JOHN 6726 ENGLELAKE DR. LAKELAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHETTER, MICHAEL		NAME		
STREET ADDRESS	6682 ENGLELAKE DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, JOHN		NAME		
STREET ADDRESS	6726 ENGLELAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENT, LINDA		NAME	Director Steve Pleima	
STREET ADDRESS	6701 ENGLELAKE DR		STREET ADDRESS	6750 Nells way	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEBRING, JOHN A.		NAME	Director Ken Minton	
STREET ADDRESS	6645 ENGLELAKE DRIVE		STREET ADDRESS	2102 Brandywine Ct	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MANNA, MARY		NAME	Secretary Dottie Breland	
STREET ADDRESS	6760 ENGLELAKE DR		STREET ADDRESS	6725 Englelake Dr	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERPLANCK, HOLLY		NAME	Treasurer - Holly Verplanck	
STREET ADDRESS	6713 ENGLELAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
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>Holly M. Verplanck Treasurer</u>			Date: <u>3/1/07</u>		Daytime Phone #: <u>863-644-2842</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40050114



02132007 Chg-NP CR2E037 (12/06)