


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90024 003 ****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 <i>2161 E. County Road 540A</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Box 115</i>	
City & State		City & State <i>Lakeland FL</i>	
Zip	Country	Zip	Country
		<i>33813</i>	<i>USA</i>
4. FEI Number 59-2318493		Applied For <input type="checkbox"/> Not Applicable	
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 _____ <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, 2008		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	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETTER, MICHAEL	NAME	<i>Shetter, Michael</i>
STREET ADDRESS	6682 ENGLELAKE DR	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, JOHN	NAME	<i>Mondello, Debbie</i>
STREET ADDRESS	6726 ENGLELAKE DR.	STREET ADDRESS	<i>6748 Englelake Dr</i>
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	<i>Lakeland, FL 33813</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEIMA, STEVE	NAME	<i>Pleima, Steve</i>
STREET ADDRESS	6750 NELLS WAY	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTON, KEN	NAME	
STREET ADDRESS	2102 BRANDYWINE CT.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRELAND, DOTTIE	NAME	
STREET ADDRESS	6725 ENGLELAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERPLANCK, HOLLY	NAME	
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: <i>Holly M. Verplanck</i>		Date: <i>3/2/08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	