

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N00536** (5)

1. Corporation Name
ENGLEWOOD FARM ACRES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: P. O. BOX 1423 ENGLEWOOD FL 34223
 Mailing Address: P. O. BOX 1423 ENGLEWOOD FL 34223

3. Date Incorporated or Qualified 12/22/1983	3a. Date of Last Report 02/13/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

**GEITHMAN, THEODORE W.
 14124 S. TAMiami TRAIL
 NORTH PORT FL 34287**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature Type for principal place of business agent and identical copies (4) (Print) Registered Agent signature required when remaining DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARCLAY, MARK	
STREET ADDRESS	790 BUCKSKIN CT.	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KIRKEY, DENNIS	
STREET ADDRESS	801 BUCKSKIN CT.	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTER, BILL	
STREET ADDRESS	614 PALOMINO TR.	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REGER, GARY	
STREET ADDRESS	720 BUCKSKIN CT.	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STATLER, WILLIE	
STREET ADDRESS	2385 BUCKSKIN DRIVE	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary Reger* **GARY REGER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 941 474-8185
 Date Executive Phone #

CR2E037 (12/95)