

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**12/22/1983**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>CISLO, CYNTHIA</b>	<b>721 BUCKSKIN CT</b>	<b>ENGLEWOOD FL</b>	
	<b>KIRKEY, DENNIS</b>	<b>801 BUCKSKIN CT.</b>	<b>ENGLEWOOD FL</b>	
	<b>LESTER, BILL</b>	<b>614 PALOMINO TR.</b>	<b>ENGLEWOOD FL</b>	
	<b>STATLER, WILLIE</b>	<b>2385 BUCKSKIN DRIVE</b>	<b>ENGLEWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<i>President</i>	<i>Mark Barclay</i>	<i>790 Buckskin Ct. Englewood, FL 34223</i>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address \_\_\_\_\_

SIGNATURE: *North...* 4-28-98 944-475-2962

CP2E037 (10/97)