


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90035 004 ****70.00

DOCUMENT # N02663 1. Entity Name ENGLEWOOD EAST PROPERTY AND HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 5254 ENGLEWOOD FL 34224 US			Mailing Address PO BOX 5254 ENGLEWOOD FL 34224 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E037 (10/05)	
City & State		City & State		4. FEI Number 59-2388226 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEST, CHARLOTTE 6288 TILLY ST. ENGLEWOOD FL 34224				7. Name and Address of New Registered Agent Name Hadsell, Michael Street Address (P.O. Box Number is Not Acceptable) 9326 Prospect Ave City Englewood FL Zip Code 34224	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <i>Michael Hadsell</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> <i>Michael Hadsell</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> DATE </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 PD <input checked="" type="checkbox"/> Delete NAME HADSHILL, MICHAEL STREET ADDRESS 9326 PROSPECT AVE CITY-ST-ZIP ENGLEWOOD FL 34224	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Hadsell, Michael STREET ADDRESS 9326 Prospect Ave CITY-ST-ZIP Englewood, FL 34224				
TITLE VD <input type="checkbox"/> Delete NAME HILL, JAMES STREET ADDRESS 9942 GULFSTREAM BLVD. CITY-ST-ZIP ENGLEWOOD FL 34224	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE SD <input type="checkbox"/> Delete NAME LINDBERG, DOLORES STREET ADDRESS 7499 SPINNAKER BLVD CITY-ST-ZIP ENGLEWOOD FL 34224	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE TD <input checked="" type="checkbox"/> Delete NAME BOICE, WANDA STREET ADDRESS 7594 SEA MIST DRIVE CITY-ST-ZIP PORT CHARLOTTE FL 33981	TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VANECK, LYNNE STREET ADDRESS 7202 PEACOCK LANE CITY-ST-ZIP Englewood, FL 34224				
TITLE D <input type="checkbox"/> Delete NAME SIMCHECK, CAROLYN STREET ADDRESS 7127 BAYLOR ST. CITY-ST-ZIP ENGLEWOOD FL 34224	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Hadsell* *Michael Hadsell*