

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


04 APR 22 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66415730



04092004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000005677							
1. Entity Name ENGLEWOOD HARBOURVIEW CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 3579 S ACCESS RD STE L ENGLEWOOD, FL 34224			Mailing Address 3579 S ACCESS RD STE L ENGLEWOOD, FL 34224				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number				Applied For 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				
NEWELL, DARRYL A 3579 S ACCESS RD STE L ENGLEWOOD, FL 34224			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, 2004		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DIGNAM, THOMAS M	NAME	900033800619				
STREET ADDRESS	5206 THE PT	STREET ADDRESS	04/26/04--01010--018 **261.25				
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NEWELL, DARRYL	NAME					
STREET ADDRESS	1361 BAYSHORE DR	STREET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PORTER, WILLIAM	NAME					
STREET ADDRESS	2410 BUCKSKIN	STREET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. 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 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>Darryl Newell</i>			Date: 4-9-04		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							