

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90063 021 ****61.25

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
--	--

50002960



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

NEWELL, DARRYL A
3579 S ACCESS RD STE L
ENGLEWOOD, FL 34224

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGNAM, THOMAS M 5206 THE PT ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, DARRYL 1361 BAYSHORE DR ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, WILLIAM 2410 BUCKSKIN ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Darryl Newell* **1-12-05** **941-474-9523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #