

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007851

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ENGLEWOOD FISHING CLUB, INC.

**Current Principal Place of Business:**

1908 S MCCALL ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1908 S MCCALL ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAUKE, DON G  
1908 S MCCALL ROAD  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, DOUGLAS W  
Address: 1908 S MCCALL ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DP ( ) Delete  
Name: HAUKE, DON G  
Address: 1908 S MCCALL ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: LIVECCHI, JOHN  
Address: 20206 ASTORIA AVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ROMAN, DIANA  
Address: 64 MEDALIST COURT  
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. LIVECCHI, JR.

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

Date