

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 020 ****61.25

DOCUMENT # N06000011983

1. Entity Name
**OLDE ENGLEWOOD VILLAGE HOMEOWNERS
ASSOCIATION INC.**



Principal Place of Business
**840 PARK RD
ENGLEWOOD, FL 34223**

Mailing Address
**PO BOX 1514
ENGLEWOOD, FL 34295-1514**

2999 S. Tamiami Tr Sarasota

34230



03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1202755

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AUSTIN, DALE
860 PARK ROAD
ENGLEWOOD, FL 34223**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<i>Jacqueline Mack</i>
NAME	GUINN, JOHN	<i>2022 Plender Road</i>
STREET ADDRESS	840 PARK RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	<i>34224-5204</i>
TITLE	PVP	<i>Dale Austin</i>
NAME	PAULY, BETSY	<i>860 Park Road</i>
STREET ADDRESS	821 CHAPIN BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	S	
NAME	DEMETRIUS, MARTHA	
STREET ADDRESS	175 CEDAR ST	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	T	<i>Lori-Nan</i>
NAME	MIHALEY, CORY	
STREET ADDRESS	741 W PERRY ST	
CITY-ST-ZIP	SARASOTA, FL 34233	<i>Englewood 34223</i>
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 exemptions contained 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 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/08

941-365-7370