

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:22

DOCUMENT # **N06474** (3)

1. Corporation Name
COMMUNITY CLUB OF ENGLEWOOD, INC.

Principal Place of Business Mailing Address
% ROBERT A DICKINSON % ROBERT A DICKINSON
480 S INDIANA AVE 480 S INDIANA AVE
ENGLEWOOD FL 34223-3702 ENGLEWOOD FL 34223-3702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1984 3a. Date of Last Report 03/07/1994
4. FEI Number 59-6157956 (Applies for Not Applicable)
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
DICKINSON, ROBERT A
480 S INDIANA AVE
ENGLEWOOD FL 33533

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME NESTER, RICHARD
STREET ADDRESS 19519 MIDWAY BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL
TITLE ST
NAME KNISPEL, SHIRLEY
STREET ADDRESS 1952 MARYLAND AVE
CITY-ST-ZIP GROVE CITY FL
TITLE V
NAME REED, EARL
STREET ADDRESS 1475 FLAMING RD
CITY-ST-ZIP ENGLEWOOD FL
TITLE D
NAME REED, RICHARD
STREET ADDRESS 1475 FLAMINGO DR
CITY-ST-ZIP ENGLEWOOD FL
TITLE D
NAME CHALK, FLORENCE
STREET ADDRESS PO BOX 428 NA
CITY-ST-ZIP NOKIMIS FL
TITLE D
NAME NOWAK, JOHN
STREET ADDRESS 1475 FLAMINGO DRIVE
CITY-ST-ZIP ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D Change Addition
1.2 NAME Dahlberg, Gertrude
1.3 STREET ADDRESS 61 S. BROOK DR.
1.4 CITY-ST-ZIP Englewood, FL 34223
2.1 TITLE D Change Addition
2.2 NAME KENTZ, WILBUR
2.3 STREET ADDRESS 3161 BOURBON ST.
2.4 CITY-ST-ZIP Englewood, FL 34224
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RT Nester - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/95 (813) 743-9640
Date Daytime Phone #