

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06474** (3)

1. Corporation Name

COMMUNITY CLUB OF ENGLEWOOD, INC.



Principal Place of Business

Mailing Address

% ROBERT A DICKINSON
480 S INDIANA AVE
ENGLEWOOD FL 34223-3702

% ROBERT A DICKINSON
480 S INDIANA AVE
ENGLEWOOD FL 34223-3702

3. Date Incorporated or Qualified
12/04/1984

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6157956

Applied 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKINSON, ROBERT A
480 S INDIANA AVE
ENGLEWOOD FL 33533

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DAHLBERG, GERTRUDE**
STREET ADDRESS **61 S BROOK DR**
CITY-ST-ZIP **ENGLEWOOD FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **SPAYDE, HELEN**
1.3 STREET ADDRESS **2910 ROOSEVELT ST.**
1.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☐ DELETE
NAME **LENTZ, WILBUR**
STREET ADDRESS **3161 BOURBOR ST**
CITY-ST-ZIP **ENGLEWOOD FL**

2.1 TITLE **PRES.** ☐ Change ☐ Addition
2.2 NAME **NESTOR, R.T.**
2.3 STREET ADDRESS **19519 MIDWAY**
2.4 CITY-ST-ZIP **FORT CHARLOTTE, FL 33948**

TITLE **VP** ☐ DELETE
NAME **REED, EARL**
STREET ADDRESS **1475 FLAMING RD**
CITY-ST-ZIP **ENGLEWOOD FL**

3.1 TITLE **SECY-TREAS** ☐ Change ☐ Addition
3.2 NAME **KNISPER, SHIRLEY**
3.3 STREET ADDRESS **1952 MARYLAND AVE**
3.4 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **D** ☒ DELETE
NAME **REED, RICHARD**
STREET ADDRESS **1475 FLAMINGO DR**
CITY-ST-ZIP **ENGLEWOOD FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CHALK, FLORENCE**
STREET ADDRESS **PO BOX 426 NA**
CITY-ST-ZIP **NOKIMIS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NOWAK, JOHN**
STREET ADDRESS **1475 FLAMINGO DRIVE**
CITY-ST-ZIP **ENGLEWOOD FL**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)