

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
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-6157956	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLBERG, GERTRUDE	1.2 NAME	SPAYDE, HELEN
STREET ADDRESS	61 S BROOK DR	1.3 STREET ADDRESS	2910 ROOSEVELT ST.
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZ, WILBUR	2.2 NAME	NESTOR, R.T.
STREET ADDRESS	3161 BOURBOR ST	2.3 STREET ADDRESS	19519 MIDWAY
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	FORT CHARLOTTE, FL 33948
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	SECY-TREAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, EARL	3.2 NAME	KNISPERL, SHIRLEY
STREET ADDRESS	1475 FLAMING RD	3.3 STREET ADDRESS	1952 MARYLAND AVE
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, RICHARD	4.2 NAME	
STREET ADDRESS	1475 FLAMINGO DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALK, FLORENCE	5.2 NAME	
STREET ADDRESS	PO BOX 426 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOKIMIS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWAK, JOHN	6.2 NAME	
STREET ADDRESS	1475 FLAMINGO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	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**
 _____ **RT Nestor 7/16/96 (941) 7439640**
 Date Daytime Phone #

CR2E037 (3/96)