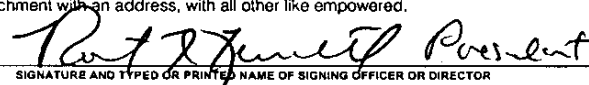


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90016 013 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                     |                                                                             |                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N21076</b><br>1. Entity Name<br><b>ENGLEWOOD-CAPE HAZE AREA CHAMBER OF COMMERCE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                     |                                                                             |                                      |  |
| Principal Place of Business<br><b>601 S INDIANA AVE<br/>ENGLEWOOD, FL 34223-3788 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                     | Mailing Address<br><b>601 S INDIANA AVE<br/>ENGLEWOOD, FL 34223-3788 US</b> |                                                                                                                       |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                             |                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | City & State                                                                        |                                                                             |                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                      | Zip                                                                                 | Country                                                                     |                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MAURER, KAREN W<br/>601 SOUTH INDIANA AVENUE<br/>ENGLEWOOD, FL 34223</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                     |                                                                             | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                     |                                                                             | 4. FEI Number<br><b>59-0876627</b>                                                                                    |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                     |                                                                             | Applied For<br>Not Applicable                                                                                         |  |
| SIGNATURE:  DATE: <b>2/16/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                     |                                                                             |                                                                                                                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                             | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                     |                                                                             |                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>LEAH, JILL<br>420 W DEARBORN STREET<br>ENGLEWOOD, FL 34223              | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <b>SEE<br/>Attached</b>                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>COLE, JONATHAN<br>900 PINE STREET SUITE 225<br>ENGLEWOOD, FL 34223      | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VP<br>MEADE, ROBERT C<br>700 MEDICAL BOULEVARD<br>ENGLEWOOD, FL 34223        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TR<br>KATSARELAS, CAROL<br>550 ROTONDA BOULEVARD W<br>ROTONDA WEST, FL 33947 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BUSH, TAMMY<br>1111 S MCCALL ROAD<br>ENGLEWOOD, FL 34223                | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>KENNETT, ROBERT K<br>2001 S MCCALL RD, SUITE D<br>ENGLEWOOD, FL 34223   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |  |
| 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:  DATE: <b>2/16/06</b> DAYTIME PHONE #: <b>4245511</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                     |                                                                             |                                                                                                                       |  |

Printed: Wednesday, February 15, 2006

10:06:15

Avery 5160 3 Across Laser Labels (USPS Format) (ZIP + ALPHA ORDER)  
[MCOM901.LBX]

**ATTACHMENT**

T CAROL KATSARELAS  
ALTERRA STERLING HOUSE OF  
ENGLEWOOD  
550 ROTONDA BOULEVARD W  
ROTONDA WEST FL 33947

✓ MICHAEL MCFARLAND  
PALM ISLAND RESORT  
234 MARK TWAIN LANE  
ROTONDA WEST FL 33947

D WILLIAM STINE  
ROTONDA GOLF & COUNTRY CLUB  
100 ROTONDA CIRCLE  
ROTONDA WEST FL 33947

D WENDY H BRANDON  
ENGLEWOOD COMMUNITY HOSPITAL  
700 MEDICAL BOULEVARD  
ENGLEWOOD FL 34223

Past P 40018014  
JONATHAN H COLE PE  
GIFFELS-WEBSTER ENGINEERS INC  
900 PINE STREET SUITE 225  
ENGLEWOOD FL 34223

D ANGELA S DOUGLASS  
CHELSEA TITLE COMPANY  
450 S INDIANA AVE  
ENGLEWOOD FL 34223

P ROBERT K KENNETT ATTORNEY AT LAW  
2001 S MCCALL ROAD SUITE D  
ENGLEWOOD FL 34223

D JILL LEAH  
LEMON TREE GALLERY  
420 WEST DEARBORN STREET  
ENGLEWOOD FL 34223

~~KAREN W MAURER  
ENGLEWOOD, CAPE HAZE AREA  
CHAMBER OF COMMERCE INC  
601 S INDIANA AVENUE  
ENGLEWOOD FL 34223-3788~~

D JESSICA MOUNT  
1410 DEER CREEK DRIVE  
ENGLEWOOD FL 34223

D P-ELECT  
MARY SMITH  
BAY HARBOR FORD  
1908 SOUTH MCCALL ROAD  
ENGLEWOOD FL 34223

D TAMMY BUSH  
SYMBIONT SERVICE CORPORATION  
4372 NORTH ACCESS ROAD  
ENGLEWOOD FL 34224

D SCOTT HIMES  
PRIME TIME STEAKS & SPIRITS INC  
5855 PLACIDA ROAD SUITE 100  
ENGLEWOOD FL 34224

D ERIC FOGO  
KEY AGENCY INC - INSURANCE  
PO BOX 1283  
ENGLEWOOD FL 34295-1283

# N21076