

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N21582**

1. Entity Name

ENGLEWOOD PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1849 WHISPERING PINES CIRCLE  
ENGLEWOOD FL 34223  
US

1849 WHISPERING PINES CIRCLE  
ENGLEWOOD FL 34223  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2474617

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMS, LAURIE B ESQ.  
2815 PROCTOR ROAD  
SARASOTA FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 stamped name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WIPF, SCOTT  
STREET ADDRESS 1820 WHISPERING PINES CIRCLE  
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE T ☐ Delete  
NAME CIAMPA, MARIA  
STREET ADDRESS 1849 WHISPERING PINES CIRCLE  
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE S ☐ Delete  
NAME ANDERSON, CHRISTINE  
STREET ADDRESS 1818 WHISPERING PINES CIRCLE  
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE D ☐ Delete  
NAME BARTHELMEUS, JAY  
STREET ADDRESS 1844 WHISPERING PINES CIRCLE  
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE D ☐ Delete  
NAME WITAK, MICHAEL  
STREET ADDRESS 1887 WHISPERING PINES CIRCLE  
CITY-STATE-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*WIPF, SCOTT* *MARIA CIAMPA* *2/5/07 (447)443-*