2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90044 024 ****70.00

DOCUMENT # N21582

1. Entity Name

ENGLEWOOD PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1864 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223 US	1864 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223 US

1st MOORE CR2E037 (10/07)

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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WIPF, SCOTT 1820 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAY BARTHELMEUS 1844 WHISPERING PINES CIRCLE ENGLEWOOD FL. 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CIAMPA, MARIA 1849 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. ANDERSON, CEISTINE 1818 WHISPERING PINES CIRCLE ENGLEWOOD, FL. 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDERSON, CHRISTINE 1818 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KATHLEEN M DUNN 1864 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTHELMEUS, JAY 1844 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUGDEN, KEN 1845 WHISPERING PINES CIR ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITAK, MICHAEL 1887 WHISPERING PINES CIRCLE ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTELLO, JAMES 1848 WHISPERING PINES CIR ENGLEWOOD FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITAK, BEVERLY 1887 WHISPERING PINES CIR ENGLEWOOD, FL 34223	☐ Change ☒ Addition

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: Cristine Anderson 25 MAY 08 941 475 3438