

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21582

FILED
Feb 26, 2010
Secretary of State

Entity Name: ENGLEWOOD PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1869 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

1869 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 59-2474617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: BARTHELMEUS, JAY
Address: 1844 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: S
Name: MILLER, VIRGINIA
Address: 1869 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: T
Name: DUNN, KATHLEEN M
Address: 1864 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: SUGDEN, KEN
Address: 1844 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: BYRUM, CAROL
Address: 1803 WHISPERING PINES CIR
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: BAKER, FRED
Address: 1805 WHISPERING PINES CIR
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIRGINIA MILLER

S

02/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date