

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

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90042 025 \*\*\*\*61.25

DOCUMENT # N28181

1. Entity Name

ENGLEWOOD ISLES PARKWAY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1811 ENGLEWOOD ROAD  
SUITE 195  
ENGLEWOOD FL 34223

1811 ENGLEWOOD ROAD  
SUITE 195  
ENGLEWOOD FL 34223



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

NO-T APPLICABLE

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

SCHELL, WILLIAM  
28 WATERFORD DRIVE  
ENGLEWOOD FL 34223

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	<input type="checkbox"/> Delete
NAME	SCHELL, WILLIAM	
STREET ADDRESS	28 WATERFORD DR	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREDERICK, DON	
STREET ADDRESS	346 EDEN DR	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRINGTON, MEREDITH	
STREET ADDRESS	347 GLADSTONE BLVD	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARKY, BILL	
STREET ADDRESS	4 BARBADOS DR	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUINFIGLIO, RICHARD	
STREET ADDRESS	357 ARDENWOOD	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAJCIK, PHYLLIS	
STREET ADDRESS	363 EDEN DR	
CITY- ST- ZIP	ENGLEWOOD FL 34223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- 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:

*William W. Schell Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07

Date

Daytime Phone #