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

**FILED**
**May 12, 2008 8:00 am**
**Secretary of State**
05-12-2008 90032 040 ****61.25

DOCUMENT # N28181

1. Entity Name

ENGLEWOOD ISLES PARKWAY ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1811 ENGLEWOOD ROAD<br>SUITE 195<br>ENGLEWOOD FL 34223 | 1811 ENGLEWOOD ROAD<br>SUITE 195<br>ENGLEWOOD FL 34223 |

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 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**

~~SCHELL, WILLIAM~~
~~28 WATERFORD DRIVE~~
~~ENGLEWOOD FL 34223~~

Atrium CAM, Inc.
504 N. Indiana Ave.
Englewood, FL
34223

**7. Name and Address of New Registered Agent**

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 B [illegible] Manager 4-25-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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<br>SCHELL, WILLIAM<br>28 WATERFORD DR<br>ENGLEWOOD FL 34223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Jim Flowerday<br>344 Eden Dr.<br>Englewood, FL 34223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FREDERICK, DON<br>346 EDEN DR<br>ENGLEWOOD FL 34223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Dianne Corcoran<br>50 Oakwood Dr.<br>Englewood, FL 34223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HERRINGTON, MEREDITH<br>347 GLADSTONE BLVD<br>ENGLEWOOD FL 34223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Mary Ann Smith<br>150 Marina Isles Pkwy #206<br>Englewood, FL 34223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HARKY, BILL.<br>4 BARBADOS DR<br>ENGLEWOOD FL 34223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Don Frederick<br>346 Eden Dr.<br>Englewood, FL 34223 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUINFIGLIO, RICHARD<br>357 ARDENWOOD<br>ENGLEWOOD FL 34223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** [illegible] Pres 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #