

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28181

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** ENGLEWOOD ISLES PARKWAY ASSOCIATION, INC.

**Current Principal Place of Business:**

1811 ENGLEWOOD ROAD  
SUITE 195  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1811 ENGLEWOOD ROAD  
SUITE 195  
ENGLEWOOD, FL 34223

**New Mailing Address:**

514 N. INDIANA AVE.  
ENGLEWOOD, FL 34223

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

**Name and Address of Current Registered Agent:**

ATRIUM CAM, INC.  
504 N. INDIANA AVE  
ENGLEWOOD, FL 34223      US

**Name and Address of New Registered Agent:**

ATRIUM CAM, INC.  
514 N. INDIANA AVE  
ENGLEWOOD, FL 34223      US

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: \_\_\_\_\_

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: FLOWERDAY, JIM  
Address: 344 EDEN DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP                      ( ) Delete  
Name: COCORAN, DIANNE  
Address: 5 OAKWOOD DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: S                      ( ) Delete  
Name: SMITH, MARY A  
Address: 150 MARINA ISLES PKWY #206  
City-St-Zip: ENGLEWOOD, FL 34223

Title: T                      ( ) Delete  
Name: FREDERICK, DON  
Address: 346 EDEN DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D                      ( ) Delete  
Name: BUINFIGLIO, RICHARD  
Address: 357 ARDENWOOD  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                      (X) Change ( ) Addition  
Name: FLOWERDAY, JAMES R  
Address: 344 EDEN DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T                      (X) Change ( ) Addition  
Name: GARCIA, LINDA  
Address: 250 ENGLEWOOD ISLES PARKWAY #6  
City-St-Zip: ENGLEWOOD, FL 34223

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES R. FLOWERDAY

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date