

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

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90178 036 ****61.25

DOCUMENT # N43538	
1. Entity Name MOBILE GARDENS ASSOCIATION OF ENGLEWOOD, INC.	

Principal Place of Business 414 CAMINO REAL ENGLEWOOD FL 34224 US	Mailing Address 414 CAMINO REAL ENGLEWOOD FL 34224 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 65-0269274	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOMBER, HARLAN R 3900 CLARK RD STE L-1 SARASOTA FL 34233	7. Name and Address of New Registered Agent VANDER WULP, SHARON, Esq. KANETSKY, MOORE & DeBOER, P.A. LAW 227 NOKOMIS AVE. SO. City VENICE FL Zip Code 34285
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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 Sharon S. Vander Wulp, Esq. DATE 4-9-07

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, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTIN, PHYLLIS M 856 CALLE MENUA ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'DELL, JAMES 313 CALLE LIANA ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NOWAK, RONALD 904 VIA DE LUNA ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHULL, JOYCE M 910 VIA DELUNA ENGLEWOOD FL 34224 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLOWAY, SANDRA 872 CALLE MENUA ENGLEWOOD FL 34224 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARDWELL, RAY 854 CALLE MENUA ENGLEWOOD FL 34224 ☐ 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: JAMES S. O'Dell, President DATE 4-2-07 DAYTIME PHONE # 941-474-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR