2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43538

FILED Mar 05, 2009 Secretary of State

Entity Name: MOBILE GARDENS ASSOCIATION OF ENGLEWOOD, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
414 CAMII ENGLEW	NO REAL OOD, FL 34224	US				
Current Mailing Address:			New Maili	New Mailing Address:		
414 CAMII ENGLEW	NO REAL OOD, FL 34224	US				
FEI Number	: 65-0269274	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and	l Address o	of New Registered Agent:	
VANDER WULP, SHARON ESQ KANETSKY, MOORE & DEBOER, P.A. LAW OFC. 227 NOKOMIS AVE. SO VENICE, FL 34285 US			712 SHAM	VANDER WULP, SHARON ESQ 712 SHAMROCK BLVD VENICE, FL 34293 US		
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing	its registere	d office or registered agent, or both,	
SIGNATURE:				03/05/2009		
	Electroni	c Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	SD () PETRILLI, PATT 259 VIA DE LUN ENGLEWOOD, F	A	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () O'DELL, JAMES 313 CALLE LIAN ENGLEWOOD, F	IA .	Title: Name: Address: City-St-Zip:	D NIBERT, M/ 234 VIA DE ENGLEWO		
Title: Name: Address: City-St-Zip:	TD () NOWAK, RONAL 904 VIA DE LUN ENGLEWOOD, F	A	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () ANDRES, JOSEI 402 CAMINO RE ENGLEWOOD, F	AL	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () WILLOUGHBY, I 404 CAMINO RE ENGLEWOOD, F	AL	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	D () BARDWELL, RA 854 CALLE MEN ENGLEWOOD, F	IUDA	Title: Name: Address: City-St-Zip:		() Change () Addition	

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: MARLANE B. NIBERT D 03/05/2009