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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44321** (0)

1. Corporation Name

ENGLEWOOD EXECUTIVE NETWORK, INC.

Principal Place of Business

Mailing Address

**452 W DEARBORN
ENGLEWOOD FL 34223
US**

**3285 PLACID ROAD
ENGLEWOOD FL 34223
US**



3. Date Incorporated or Qualified

06/28/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 1855 Gulf Blvd

Suite, Apt. #, etc.

22

City & State

23 Englewood FL

Zip

24 34223

Country

25 US

2a. Mailing Address

26 298 So. Indiana Ave.

Suite, Apt. #, etc.

27

City & State

28 Englewood, FL

Zip

29 34223

Country

30 US

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCARTHY, JOE
542 W. DEARBORN ST
ENGLEWOOD FL 34223**

81 Name Dawn Pressly c/o SunTrust

82 Street Address (P.O. Box Number is Not Acceptable)

298 So. Indiana Ave.

83 Englewood, FL

84 City

FL

85 Zip Code 34223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Dawn Pressly, Treas.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Dawn Pressly 4-20-98

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **SMITH, DALE**
STREET ADDRESS **2950 S. MCCALL RD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **VP** ☒ DELETE

NAME **SMITH, DALE**
STREET ADDRESS **3385 S MCCALL RD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **S** ☒ DELETE

NAME **MCCALLISTER, CHARLES**
STREET ADDRESS **2131 TAMiami TR**
CITY-ST-ZIP **VENICE FL**

TITLE **TR** ☒ DELETE

NAME **MCCARTHY, JOE**
STREET ADDRESS **452 W DEARBORN ST**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☒ DELETE

NAME **BURDICK, BILL**
STREET ADDRESS **3700 ACCESS RD N.**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **D** ☒ DELETE

NAME **TRUEX, BILL**
STREET ADDRESS **579 S INDIANA AVE.**
CITY-ST-ZIP **ENGLEWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Lynn Flatt, Pres** ☒ Change ☐ Addition

1.2 NAME **51 Bay Heights W.**
1.3 STREET ADDRESS **Englewood, FL 34223**
1.4 CITY-ST-ZIP

2.1 TITLE **Bill Burdick, VP** ☒ Change ☐ Addition

2.2 NAME **3700 S. McCall Rd**
2.3 STREET ADDRESS **Englewood, FL 34224**
2.4 CITY-ST-ZIP

3.1 TITLE **George Wilson Sec** ☒ Change ☐ Addition

3.2 NAME **121 S. Indiana Ave.**
3.3 STREET ADDRESS **Englewood, FL 34223**
3.4 CITY-ST-ZIP

4.1 TITLE **Dawn Pressly, Treas.** ☒ Change ☐ Addition

4.2 NAME **298 So Indiana Ave**
4.3 STREET ADDRESS **Englewood, FL 34223**
4.4 CITY-ST-ZIP

5.1 TITLE **John & Stefanie Mead D** ☒ Change ☐ Addition

5.2 NAME **425 Dearborn St.**
5.3 STREET ADDRESS **Englewood, FL 34223**
5.4 CITY-ST-ZIP

6.1 TITLE **Margo Grimshaw** ☒ Change ☐ Addition

6.2 NAME **46 Annapolis Lane D**
6.3 STREET ADDRESS **Rotonda, FL 33947**
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dawn Pressly, Treas.** **4/20/98 (901-473-5702)**

CP2EC037 (10/97)