

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90179 047 \*\*\*\*61.25

**DOCUMENT # N98000001206**

1. Entity Name  
**ENGLEWOOD BASKETBALL FOUNDATION, INC.**



Principal Place of Business

**1150 TIMBER TRAIL 1861 Placida Rd.,  
ENGLEWOOD, FL 34223 Suite 204**

Mailing Address

**1150 TIMBER TRAIL 1861 Placida Rd.,  
ENGLEWOOD, FL 34223 Suite 204**

**20047166**



01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0823815**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ITTERSAGEN, SCOTT D  
1861 PLACIDA ROAD  
STE 204  
ENGLEWOOD, FL 34223**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ~~WALKER, BARBARA C~~ Walker, Michelle  
STREET ADDRESS ~~1150 TIMBER TRAIL~~ 16 Parview Ct.  
CITY-ST-ZIP ~~ENGLEWOOD, FL 34223~~ Rotonda West, FL 33947

TITLE D  
NAME ~~ERNST, ERIC~~ Wolley, Donna J.  
STREET ADDRESS ~~950 BENGLE AVE~~ 10146 Stonecrop Ave.  
CITY-ST-ZIP ~~ENGLEWOOD, FL 34223~~ Englewood, FL 34224

TITLE D  
NAME MEALS, CINDY  
STREET ADDRESS 1325 BAYSHORE DR  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D  
NAME WEBER, JOE  
STREET ADDRESS 1700 OVERBROOK ROAD  
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D  
NAME ~~ERNST, KAREN~~ Primerano, Marjorie  
STREET ADDRESS ~~950 BENGLE AVE~~ 136 Marker Rd.  
CITY-ST-ZIP ~~ENGLEWOOD, FL 34223~~ Rotonda West, FL 33947

TITLE D  
NAME PILOTO, DEBRA  
STREET ADDRESS 18 PEBBLE BEACH ROAD  
CITY-ST-ZIP ROTONDA WEST, FL 33947

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michelle Walker*

*4/19/05*

*941-625-4513*