

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715606

Entity Name: ENGLEWOOD ISLES I ASSOCIATION, INC.**Current Principal Place of Business:**18-A OAKWOOD DRIVE NORTH
ENGLEWOOD, FL 34223**Current Mailing Address:**1811 ENGLEWOOD ROAD, #215
ENGLEWOOD, FL 34223**FEI Number:** 59-1507155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEABREEZE CAM, LLC
245 WHITE MARSH LANE
ROTONDA WEST, FL 33947 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CORCORAN, DIANNE
Address 5 OAKWOOD DR N
City-State-Zip: ENGLEWOOD FL 34223

Title D
Name MORGAN, TED
Address 1191 PORTERVILLE RD.
City-State-Zip: EAST AURORA NY 14052

Title P
Name SHOCK, DAVID B
Address 14 OAKWOOD DRIVE NORTH
City-State-Zip: ENGLEWOOD FL 34223

Title D
Name WATKINS, JAMES
Address 15 OAKWOOD DRIVE NORTH
City-State-Zip: ENGLEWOOD FL 34223

Title S/T
Name BOOTH, MIKE
Address 42 OAKWOOD DR N
City-State-Zip: ENGLEWOOD FL 34223

Title D
Name SHIMKUS, MIKE
Address 40 OAKWOOD DR N
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name BLACKLER, ROBERT
Address 43 OAKWOOD DRIVE NORTH
City-State-Zip: ENGLEWOOD FL 34223

I hereby 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 all other like empowered.

SIGNATURE: DAVID SHOCK**PRESIDENT****02/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date