

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724773

**Entity Name:** ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.**Current Principal Place of Business:**6791 SAN CASA DRIVE  
ENGLEWOOD, FL 34224**Current Mailing Address:**P O BOX 2008  
ENGLEWOOD, FL 34295-2008 US**FEI Number:** 59-2500612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RILEY, KRISTINE M.  
6795-B DAVID BLVD.  
PORT CHARLOTTE, FL 33981 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:** KRISTINE RILEY

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           RILEY, KRISTINE M.  
Address        6795-B DAVID BLVD.  
City-State-Zip: PORT CHARLOTTE FL 33981

Title            SECRETARY  
Name           SPENCE, MELISSA  
Address        824 E 4TH STREET  
City-State-Zip: ENGLEWOOD FL 34223

Title            BOARD MEMBER  
Name           WHITMORE, SHANE  
Address        8378 SANTA CRUZ DRIVE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title            VP  
Name           MCLEAN-MATTHEWS, NICHOLE  
Address        11093 VANESSA AVENUE  
City-State-Zip: ENGLEWOOD FL 34224

Title            BOARD MEMBER  
Name           MCFARLAND, KATIE  
Address        9246 KEY WEST DRIVE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title            ATHLETIC DIRECTOR  
Name           WALSH, MICHAEL  
Address        6867 HORNBUCKLE BLVD  
City-State-Zip: NORTH PORT FL 34291

Title            SPIRIT DIRECTOR  
Name           JOHNSTON, ASHLEY  
Address        5 COVE LANE  
City-State-Zip: ENGLEWOOD FL 34223

Title            BOARD MEMBER  
Name           MCFARLAND, AARON  
Address        9246 KEY WEST DRIVE  
City-State-Zip: PORT CHARLOTTE FL 33981

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*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:** KRISTINE M. RILEY

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	BOARD MEMBER
Name	CUMBERBATCH, MICHAEL
Address	6134 CROMWELL STREET
City-State-Zip:	ENGLEWOOD FL 34224