

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724773

Entity Name: ENGLEWOOD AREA ATHLETIC ASSOCIATION, INC.**Current Principal Place of Business:**6765 SAN CASA DR.
ENGLEWOOD, FL 34224**Current Mailing Address:**PO BOX 2008
ENGLEWOOD, FL 34295-2008**FEI Number:** 59-2500612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONNIE, PRINGLE
14472 FORT MYERS AVENUE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	NORUS, ROBERT
Address	186 HERCULES DRIVE
City-State-Zip:	ROTONDA FL 33947

Title	V
Name	BRADY, ROBERT
Address	121 SPUR DRIVE
City-State-Zip:	ROTONDA FL 33947

Title	T
Name	PRINGLE, BONNIE
Address	14472 FORT MYERS AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	S
Name	NOLETTE, BRANDI
Address	22 BROADMOORE LANE
City-State-Zip:	ROTONDA FL 33947

Title	D
Name	BRAGG, STACIE
Address	119 MARKER ROAD
City-State-Zip:	ROTONDA FL 33947

Title	D
Name	DEICHMAN, CHRIS
Address	9293 BOCA GRANDE AVENUE
City-State-Zip:	ENGLEWOOD FL 34224

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: BONNIE PRINGLE**TREASURER****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date