

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755365** (4)

1. Corporation Name

ENGLISH PARK CONDOMINIUM, INC.



Principal Place of Business

**164 ULSTER LANE
MELBOURNE FL 32935**

Mailing Address

**164 ULSTER LANE
MELBOURNE FL 32935**

3. Date Incorporated or Qualified
12/02/1980

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAMER, REBECCA
164 ULSTER LN
MELBOURNE FL 32935**

81 Name

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

83

84 City

FL

85 Zip Code

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

Rebecca Kramer **REBECCA KRAMER**

1/17/96

Signature, typed or printed name of registered agent, and date of registration

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELENDEZ-VIGO, CASTOR	
STREET ADDRESS	1597 INDEPENDENCE AVENUE	
CITY- ST- ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORWIN, GEORGE	
STREET ADDRESS	17 E HIBISCUS BLVD	
CITY- ST- ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAWFORD, DAVID	
STREET ADDRESS	112 PRESTON LN	
CITY- ST- ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENDL, CHARLES	
STREET ADDRESS	1534 ENSENADA DRIVE	
CITY- ST- ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM	
STREET ADDRESS	380 NEPTUNE DR NE	
CITY- ST- ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George Corwin* **GEORGE CORWIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)