

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

0001839

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

07-09-1999 90019 026 \*\*\*\*61.25

DOCUMENT # 755365 ✓

1. Corporation Name  
 ENGLISH PARK CONDOMINIUM, INC.

585450-90019-26

Principal Place of Business: 164 ULSTER LANE, MELBOURNE FL 32935  
 Mailing Address: 164 ULSTER LANE, MELBOURNE FL 32935



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	12/02/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	59-2202949
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
4	25	29
30		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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 Staples, David W 82 Street Address (P.O. Box Number is Not Acceptable) 146 Berkshire Lane 83 84 City Melbourne FL 85 Zip Code 32935

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: *David W Staples Pres.* 7-1-99  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KREMER, SHELLY	1.2 NAME	President-Director
STREET ADDRESS	146 BERKSHIRE LANE	1.3 STREET ADDRESS	Staples, David W
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	146 Berkshire Lane Melbourne, FL 32935
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWIN, GEORGE	2.2 NAME	Corwin, George
STREET ADDRESS	17 E HIBISCUS BLVD	2.3 STREET ADDRESS	680 W Eau Gallie Blvd
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDL, CHARLES	3.2 NAME	
STREET ADDRESS	1534 ENSENADA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WILLIAM	4.2 NAME	White William
STREET ADDRESS	380 NEPTUNE DR NE	4.3 STREET ADDRESS	380 Neptune Dr NE
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gail Youness
STREET ADDRESS		5.3 STREET ADDRESS	971 Eau Gallie Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Indian Harbour Bch, FL 32937
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *David W Staples Pres.* 7-1-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)