2001 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2001 8:00 am Secretary of State DOCUMENT #755365 English Park Condominium, Inc. 05-23-2001 91005 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 164 Ulster Lane 164 Ulster Lane 553581 Melbourne, FL 32935 Melbourne, Fl 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2202949 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name David W. Staples Street Address (P.O. Box Number is Not Acceptable) 146 Berkshire Lane Melbourne, FL 32935 City Zip Code 8. 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** Stynature, typed or printed name of registered agent and title if applicable (NOTE: egistered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Gene Lewis NAME STREET ADDRESS 172 Ulster Lane STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32935 Vice President ☐ Delete TITLE ☐ Change Addition NAME NAME Rose Vincent STREET ADDRESS STREET ADDRESS 192 Berkshire Lane CITY-ST-ZIP CITY-ST-ZIP Melbourne, FL 32935 Secretary ☐ Delete TITLE ☐ Change ☐ Addition David W. Staples NAME STREET ADDRESS STREET ADDRESS 146 Berkshire Lane CITY-S1-ZIP CITY-ST-ZIP Melbourne, FL 32935 TITLE Treasurer Change ☐ Delete TITLE Addition Gail Youness NAME STREET ADDRESS STREET ADDRESS 971 Eau Gallie Blvd CITY-ST-ZIP Indian Harbour Bch, FL CITY-ST-7/P 32937 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 6

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Daytime Phone #

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