

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT



DOCUMENT # 755365

1. Entity Name
ENGLISH PARK CONDOMINIUM, INC.

FILED

04 NOV 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**164 ULSTER LANE
MELBOURNE, FL 32935**

Mailing Address
**164 ULSTER LANE
MELBOURNE, FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2202949

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARAFI, MARY
164 ULSTER LANE
MELBOURNE, FL 32935**

7. Name and Address of New Registered Agent

Name **BARBARA NAPOLITAN**
Street Address (P.O. Box Number is Not Acceptable)
**314 LAURIE STREET
MELBOURNE, FL**
City **FL** Zip Code **32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Barbara J. Napolitan*

8-31-04

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUOT, BRUNO 158 ULSTER LANE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LINDSEY, ALLEN 543 ROYAL PALM BLVD SATELLITE BCH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNESE, GAIL 971 EAU GALLIE BLVD INDIAN HARBOUR BCH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, JACKIE 155 ULSTER LANE MELBOURNE, FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANCOCK, ELIZABETH 192 MARTHESIA WAY INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500043065075 11/30/04--01038--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AK 12/2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATRICIA NICHOLS 331 ARCADIA CT. MELBOURNE, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen Lindsey, PRES.*

11-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #