


<b>DOCUMENT # 755365</b> 1. Entity Name ENGLISH PARK CONDOMINIUM, INC.						Secretary of State 01-10-2005 90023 012 ****61.25	
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.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent NAPOLITAN, BARBARA 314 LAURIE STREET MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Barbara J. Napolitan</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE							
Filing Fee Is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LINDSEY, ALLEN			NAME	STEVE POSER		
STREET ADDRESS	543 ROYAL PALM BLVD			STREET ADDRESS	271 PALMETTO AVE.		
CITY-ST-ZIP	SATELLITE BCH, FL 32937			CITY-ST-ZIP	MERRITT ISLAND, FL 32953		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNESE, GAIL			NAME			
STREET ADDRESS	971 EAU GALLIE BLVD			STREET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LINDSEY, JACKIE			NAME	DENISE MALTZ		
STREET ADDRESS	155 ULSTER LANE			STREET ADDRESS	125 BRISTOL LANE		
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANCOCK, ELIZABETH			NAME	GERALD HRENKO		
STREET ADDRESS	192 MARTESIA WAY			STREET ADDRESS	506 ELEUTHERA LN		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937		
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLS, PATRICIA			NAME			
STREET ADDRESS	331 ARCADIA CT			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32901			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-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 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: <i>Patricia Nichols</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1-7-04 Daytime Phone #			