


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90038 001 ****61.25

DOCUMENT # 755365					
1. Entity Name ENGLISH PARK CONDOMINIUM, INC.					
Principal Place of Business 164 ULSTER LANE MELBOURNE, FL 32935		Mailing Address C/O HILL ACCOOUNTING 314 LAURIE ST MELBOURNE, FL 32935			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2202949	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAPOLITAN, BARBARA 314 LAURIE STREET MELBOURNE, FL 32935			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSER, STEVE		NAME	Allen Lindsey	
STREET ADDRESS	271 PALMETTO AVE.		STREET ADDRESS	543 Royal Palm Blvd.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAR, PAULINE		NAME	Elizabeth Hancock	
STREET ADDRESS	192 BERKSHIRE LN		STREET ADDRESS	192 Martesia Way	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Indian Harbor Beach, FL 32937	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, SEBASTIAN		NAME	Sanchez, Sebastian	
STREET ADDRESS	255 UISLER LN		STREET ADDRESS	255 Ulster Ln.	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HRENKO, GERALD		NAME	Gail Youness	
STREET ADDRESS	506 ELEUTHERRA LN		STREET ADDRESS	923 Fostoria Dr.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<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	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNFRE, BRIAN		NAME		
STREET ADDRESS	210 PRESTON LN		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Boip M. Youness</i>			Date: 3-13-2007		Daytime Phone #: 321-750-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #