


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90023 050 \*\*\*\*61.25

40052001



DOCUMENT # 755365					
1. Entity Name ENGLISH PARK CONDOMINIUM, INC.					
Principal Place of Business 164 ULSTER LANE MELBOURNE, FL 32935		Mailing Address C/O HILL ACCOUNTING- 314 LAURIE ST MELBOURNE, FL 32935			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o Hill Accounting</i>			
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		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINSEY, ALLEN		NAME	Chisholm, Renee	
STREET ADDRESS	543 ROYAL PALM BLVD.		STREET ADDRESS	1223 Sorento Circle	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP	W. Melbourne, FL 32904	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANCOCK, ELIZABETH		NAME	Knurek, Dennis	
STREET ADDRESS	192 MARTESIA WAY		STREET ADDRESS	877 North Hwy A1A-#601	
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937		CITY-ST-ZIP	Indianalantic, FL 32903	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, SEBASTIAN		NAME	McEntagert, Martin	
STREET ADDRESS	255 UISLER LN		STREET ADDRESS	516 Golden Dove	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNESS, GAIL		NAME		
STREET ADDRESS	923 FOSTORIA DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input 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 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>Allen Lindsey</i>			Date: <i>3-21-08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		