

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90135 004 ****61.25

DOCUMENT # **755365**

1. Entity Name
ENGLISH PARK CONDOMINIUM, INC.



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

4. FEI Number **59-2202949**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARAFI, MARY
164 ULSTER LANE
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 *Mary Carafa* **MARY CARAFA**

4/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **SPENCER, DAREL**
STREET ADDRESS **180 ULSTER LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **President** Change Addition
NAME **Jackie Lindsey**
STREET ADDRESS **155 Ulster Lane**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **VPD** Delete
NAME **LINDSEY, JACKIE**
STREET ADDRESS **155 ULSTER LANE.**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **Director** Change Addition
NAME **Maryann Greco**
STREET ADDRESS **115 Bristol Lane**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **S** Delete
NAME **GRECO, RICHARD**
STREET ADDRESS **115 BRISTOL LANE.**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **Director** Change Addition
NAME **Allen Lindsey**
STREET ADDRESS **543 Royal Palm Blvd**
CITY-ST-ZIP **SATellite Bch, FL 32937**

TITLE **D** Delete
NAME **HUNT, BRUNO**
STREET ADDRESS **156 ULSTER LANE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Y** Delete
NAME **YOUNESS, GAIL**
STREET ADDRESS **971 EAU GALLIE BLVD**
CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *SIGNATURE REQUIRED*

4/24/03 (321) 254-1107

CR2E037 (10/02)