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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22224 (2)
1. Corporation Name
EL CID/PROSPECT PARK/SOUTHLAND PARK HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 6055 W. PALM BEACH FL 33405-7055 P O BOX 6055 W. PALM BEACH FL 33405-0055

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/26/1987		07/03/1996	
22		27		4. FEI Number		Applied For	
City & State		City & State		65-0123038		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		Country		Country	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent
ENGELS-GULDEN, DOROTHY
220 SUNRISE AVE.
STE. 100
PALM BCH. FL 33480

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *[Signature]* DATE 1/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ENGELS-GULDEN, DOROTHY	1.2 NAME	
STREET ADDRESS	220 SUNRISE AVE., STE. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	PRICE, JAN	2.2 NAME	
STREET ADDRESS	222 RUGBY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HERB, BENN	3.2 NAME	
STREET ADDRESS	112 MONROE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KINO, GREGORY	4.2 NAME	
STREET ADDRESS	311 WESTMINSTER PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	VOLK, LORI	5.2 NAME	
STREET ADDRESS	325 ALBERMARLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	
NAME	WALDON, WALLACE	6.2 NAME	
STREET ADDRESS	211 MONCEAUX RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. WALLACE WALDON (SBI)

CR2E037 (9/96)