


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22224**

1. Entity Name  
 EL CID/PROSPECT PARK/SOUTHLAND PARK HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business      Mailing Address

P O BOX 6055      P O BOX 6055  
 W. PALM BEACH, FL 33405-7055      W. PALM BEACH, FL 33405-7055

**DO NOT WRITE IN THIS SPACE**



03162008 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
 65-0123038      Not Applicable

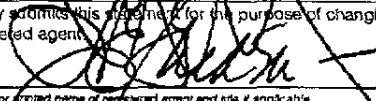
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELS-GULDEN, DOROTHY  
 220 SUNRISE AVE.  
 STE. 100  
 PALM BCH., FL 33480

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8. The above named entity admits 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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

1100000475354  
 04/05/06-80012-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COLLINS, JEFF
STREET ADDRESS	332 MONROE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	BARNES, STEPHEN
STREET ADDRESS	203 WESTMINSTER RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	HERB, BENN
STREET ADDRESS	112 MONROE DRIVE
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	VP
NAME	KINO, GREGORY
STREET ADDRESS	311 WESTMINSTER PLACE
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	D
NAME	VOLK, LORI
STREET ADDRESS	325 ALBERMARLE ROAD
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	ST
NAME	RIELLY, SUSAN
STREET ADDRESS	3217 WASHINGTON ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

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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 611, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

      Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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