

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **703187** (5)

1. Corporation Name

**ENGLISH ESTATES ENGLISH WOODS HOMEOWNERS ASSOC.,  
INC.**



Principal Place of Business

Mailing Address

**1271 WINSTON RD.  
P.O. BOX 300129  
MAITLAND FL 32751  
US**

**1900 DERBYSHIRE RD  
P O BOX 300129  
MAITLAND FL 32751  
US**

3. Date Incorporated or Qualified **11/15/1961** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
**21 1900 Derbyshire Road**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**22 Suite, Apt. #, etc.**

**27 Suite, Apt. #, etc.**

**23 City & State  
Maitland, FL**

**28 City & State**

**24 Zip 32751-3504**

**25 Country USA**

**29 Zip**

**30 Country**

4. FEI Number  
**59-2520063**

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKHART, ROBERT L  
1900 DERBYSHIRE RD  
P O BOX 300129  
MAITLAND FL 32751**

**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

*Robert L. Burkhart*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**6/18/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLANN, JOHN	
STREET ADDRESS	1271 WINSTON ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURKHART, JOHN	
STREET ADDRESS	1302 GLASTONBERRY RD	
CITY-ST-ZIP	MAITLAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YATES, NANCY	
STREET ADDRESS	218 DOVENWOOD RD.	
CITY-ST-ZIP	FENN PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERECHENOK, HANK	
STREET ADDRESS	2160 HUNTERFIELD RD	
CITY-ST-ZIP	MAITLAND, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMMONS, MARGE	
STREET ADDRESS	221 DOVERWOOD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURKHART, ROBERT	
STREET ADDRESS	1900 DERBYSHIRE RD	
CITY-ST-ZIP	MAITLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FLETCHER, DEAN	
1.3 STREET ADDRESS	2000 DERBYSHIRE ROAD	
1.4 CITY-ST-ZIP	MAITLAND, FL 32751-3504	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BESSMER, STAN	
2.3 STREET ADDRESS	1301GLASTON BERRY ROAD	
2.4 CITY-ST-ZIP	MAITLAND, FL 32751-3504	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Robert L. Burkhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT L. BURKHART**

**6/18/96**

Date

**(407)339-0000**

Daytime Phone #

0009680

CR2E037 (3/96)