

FILED

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Apr 25 1997 8:00am
Secretary of State

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 32751-3504 US

3. Date Incorporated or Qualified 11/15/1961	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business		2a. Mailing Address	
21	1301 Glastonberry Rd	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

4. FEI Number	Applied For
59-2520063	Not Applicable

22	City & State	27	City & State
23	Maitland, Fl	28	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

Zip	Country	Zip	Country
24 32751-3504	25 USA	29	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

10. Name and Address of New Registered Agent

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

81	Name	STAN BESSMER		
82	Street Address (P.O. Box Number is Not Acceptable)	1301 GLASTONBERRY RD		
83				
84	City	MAITLAND	FL	85
				Zip Code
				32751

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 Stan Bessmer STAN BESSMER, PRESIDENT 4-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12 OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, DEAN	
STREET ADDRESS	2000 DERBYSHIRE ROAD	
CITY - ST - ZIP	MAITLAND FL	

1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA CANARD		
1.3 STREET ADDRESS	2065 DERBYSHIRE RD		
1.4 CITY - ST - ZIP	MILITARY FL 32751		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BESSMER, STAN	
STREET ADDRESS	1301 GLASTON BERRY ROAD	
CITY-ST-ZIP	MAITLAND, FL 00000	

2.1 TITLE	MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	PD		
2.3 STREET ADDRESS	STAN BESSMER		
2.4 CITY - ST - ZIP	1301 GLASTONBERRY RD MAITLAND FL 32751-3504		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YATES, NANCY	
STREET ADDRESS	218 DOVENWOOD RD.	
CITY-ST-ZIP	FENN PARK FL	

3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	JANIE WEINBERGER		
3.3 STREET ADDRESS	2348 FAIRMOUTH RD		
3.4 CITY - ST - ZIP	MAITLAND FL 32751-3504		

TITLE	D	X DELETED
NAME	TERECHENOK, HANK	
STREET ADDRESS	2100 HUNTERFIELD RD	
CITY - ST - ZIP	MAITLAND, FL 00000	

4.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	MARGIE SIMMONS		
4.3 STREET ADDRESS	221 DOVERWOOD RD		
4.4 CITY - ST - ZIP	MAITLAND FL 32751-3504		

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, MARGE	
STREET ADDRESS	221 DOVERWOOD	
CITY-ST-ZIP	MAITLAND FL	

5.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	FRAN MANUEL		
5.3 STREET ADDRESS	2463 CASTLEWOOD RD		
5.4 CITY- ST- ZIP	MAITLAND FL 32751-3504		

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURKHART, ROBERT	
STREET ADDRESS	1800 DERBYSHIRE RD	
CITY-ST-ZIP	MAITLAND FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	NANCY YATES		
6.3 STREET ADDRESS	218 DOVERWOOD RD		
6.4 CITY - ST - ZIP	MAITLAND FL 32751-3504		

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.

CB2E037 (9/06)