

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703187

1. Entity Name

ENGLISH ESTATES ENGLISH WOODS HOMEOWNERS ASSOC.,

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90094 024 ****61.25

Principal Place of Business

221 DOVERWOOD RD
FERN PARK FL 32730
US

Mailing Address

P O BOX 300129
P O BOX 300129
FERN PARK FL 32730-0129
US

2. Principal Place of Business

218 Doverwood Rd

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fern Park FL

City & State

Same as Above

4. FEI Number

59-2520063

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'DONNELL, STEVE
1254 STRATFORD ROAD
MAITLAND FL 32751

Meetings are held monthly
Rotating in our homes
No Principal (Permanent)
address

7. Name and Address of New Registered Agent

Name

NANCY T YATES

Street Address (P.O. Box Number is Not Acceptable)

218 Doverwood Rd

City

Fern Park FL

FL

Zip Code

32730

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.

SIGNATURE

Nancy T Yates Treasurer NANCY T YATES

1-11-01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	YATES, NANCY	
STREET ADDRESS	218 DOVERWOOD RD	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'DONNELL, STEVE	
STREET ADDRESS	1254 STRATFORD ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, ROGER	
STREET ADDRESS	2185 FALMOUTH ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOLVIN, PETER	
STREET ADDRESS	2319 CASTLEWOOD ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, GRAY	
STREET ADDRESS	2205 FALMOUTH ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, REBECCA	
STREET ADDRESS	1254 STRATFORD RD	
CITY-ST-ZIP	MAITLAND FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blakey Anne	
STREET ADDRESS	2350 WORTHINGTON ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coleman, Barbara	
STREET ADDRESS	1280 Winston Road	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chema, Thomas	
STREET ADDRESS	2461 MARKINGHAM ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, GRAY	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doherty, Virginia	
STREET ADDRESS	225 DOVERWOOD ROAD	
CITY-ST-ZIP	FERN PARK FL 32730	

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:

Nancy T Yates NANCY T YATES

1/11/01

407-331-8845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

002338

CR2E037 (10/00)