

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90231 045 \*\*\*\*\*61.25

**DOCUMENT # 703187**

1. Entity Name

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

Principal Place of Business

Mailing Address

**218 DOVERWOOD RD  
 FERN PARK FL 32730  
 US**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**YATES, NANCY T  
 218 DOVERWOOD RD  
 FERN PARK FL 32730**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **YATES, NANCY**  
 STREET ADDRESS **218 DOVERWOOD RD**  
 CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Delete  
 NAME **BLAKEY, ANNE**  
 STREET ADDRESS **2350 WORTHINGTON RD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **CITINO, KAREN**  
 STREET ADDRESS **2451 WORTHINGTON RD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **OB** ☐ Delete  
 NAME **COLEMAN, BARBARA**  
 STREET ADDRESS **1280 WINSTON RD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **P** ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **CHEMA, THOMAS**  
 STREET ADDRESS **2461 MARKINGHAM RD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete  
 NAME **HUDSON, GRAY**  
 STREET ADDRESS **2205 FALMOUTH ROAD**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **DOHERTY, VIRGINIA**  
 STREET ADDRESS **225 DOVERWOOD RD**  
 CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-02**

**407 331-4845**

Date

Daytime Phone #

CP2E037 (9/01)