


Mar 13,
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**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 703187		
1. Entity Name ENGLISH ESTATES ENGLISH WOODS HOMEOWNERS ASSOC., INC.		
Principal Place of Business 212 DOVERWOOD RD FERN PARK, FL 32730 US		Mailing Address P O BOX 300129 P O BOX 300129 FERN PARK, FL 32730-0129 US
DO NOT WRITE IN THIS SPACE		
		01042006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-2520063		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BAILES, VANESSA 212 DOVERWOOD RD FERN PARK, FL 32730		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		11/22/16-80153-018 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BELL, CHAD 1300 WINSTON RD MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LAURA, CARRO II 1210 CHESHIRE RD MAITLAND, FL 32751	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BAILES, VANESSA 212 DOVERWOOD RD CASSELBERRY, FL 32730	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DEAN, DANIEL 216 YARMOUTH RD CASSELBERRY, FL 32730	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOHERTY, VIRGINIA 225 DOVERWOOD RD FERN PARK, FL 32730	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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 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: <u>Vanessa Bailes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date Daytime Phone #</small>		