


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90253 027 ****61.25

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**

40000498



2. Principal Place of Business - No P.O. Box #
2454 Carlton Rd

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State
Maitland, FL

City & State

Zip
32751

Country
USA

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

**BAILES, VANESSA
 212 DOVERWOOD RD
 FERN PARK, FL 32730**

7. Name and Address of New Registered Agent

Name
Tracy Wild

Street Address (P.O. Box Number is Not Acceptable)
2454 Carlton Rd

City
Maitland, FL

Zip Code
32751

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 *Tracy L Wild* **Tracy L Wild President** **1/5/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | BELL, CHAD | |
| STREET ADDRESS | 1300 WINSTON RD | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | LAURA, CARRO II | |
| STREET ADDRESS | 1210 CHESHIRE RD | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BAILES, VANESSA | |
| STREET ADDRESS | 212 DOVERWOOD RD | |
| CITY-ST-ZIP | CASSELBERRY, FL 32730 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DEAN, DANIEL | |
| STREET ADDRESS | 216 YARMOUTH RD | |
| CITY-ST-ZIP | CASSELBERRY, FL 32730 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOHERTY, VIRGINIA | |
| STREET ADDRESS | 225 DOVERWOOD RD | |
| CITY-ST-ZIP | FERN PARK, FL 32730 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Troy Stevens | |
| STREET ADDRESS | 2352 Hunterfield | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Nancy Yates | |
| STREET ADDRESS | 218 Doverwood Rd | |
| CITY-ST-ZIP | Fern Park, FL 32730 | |
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tracy Wild | |
| STREET ADDRESS | 2454 Carlton Rd | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Tracy L Wild* **Tracy L Wild** **1/5/07** **407-702-1949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #