# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22224 (2)

1. Corporation Name

EL CID/PROSPECT PARK/SOUTHLAND PARK HOME OWNER'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 6055<br>W. PALM BEACH FL 33405-7055 | P O BOX 6055<br>W. PALM BEACH FL 33405-7055 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1987
3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0123038 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

ENGELS-GULDEN, DOROTHY
220 SUNRISE AVE.
STE. 100
PALM BCH. FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ENGELS-GULDEN, DOROTHY | 12 NAME | |
| STREET ADDRESS | 220 SUNRISE AVE., STE. 100 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. FL | 14 CITY-ST-ZIP | |
| TITLE | VP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | PRICE, JAN | 22 NAME | |
| STREET ADDRESS | 222 RUGBY RD. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MCMANAMON, PAT | 32 NAME | |
| STREET ADDRESS | 324 EDGEWOOD DR. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 34 CITY-ST-ZIP | |
| TITLE | ~~T~~ | 41 TITLE | T ☐ Change ☐ Addition |
| NAME | ~~LEEK, STEPHEN~~ | 42 NAME | GLENN P. RAWLS |
| STREET ADDRESS | ~~275 BARCELONA RD.~~ | 43 STREET ADDRESS | 259 BARCELONA RD. |
| CITY-ST-ZIP | ~~W. PALM BEACH FL~~ | 44 CITY-ST-ZIP | W. PALM BEACH, FL |
| TITLE | ~~D~~ | 51 TITLE | D ☐ Change ☐ Addition |
| NAME | ~~MITCHELL, HOWARD~~ | 52 NAME | REGINALD STAMBAUGH |
| STREET ADDRESS | ~~190 MONCEAUX RD.~~ | 53 STREET ADDRESS | 281 CORDOVA ROAD |
| CITY-ST-ZIP | ~~W. PALM BEACH FL~~ | 54 CITY-ST-ZIP | W. PALM BEACH, FL |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | WALDON, WALLACE | 62 NAME | |
| STREET ADDRESS | 211 MONCEAUX RD. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Glenn P. Rawls 7/21/95 407-833-9460
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0047047