

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 028 ****61.25

DOCUMENT # N22224 ✓

1. Corporation Name

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

Principal Place of Business

P O BOX 6055
W. PALM BEACH FL 33405-7055

Mailing Address

P O BOX 6055
W. PALM BEACH FL 33405-7055



* 5 8 5 4 2 *
585402 - 90018 - 28



| | | | | | |
|--------------------------------|--|---------------------|--|--|--|
| 1. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 1 | | 26 | | 08/26/1987 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 2 | | 27 | | 65-0123038 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 3 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| Country | | Country | | | |
| 1 | | 25 | | 29 | |
| | | | | 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 |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGELS-GULDEN, DOROTHY | 1.2 NAME | |
| STREET ADDRESS | 220 SUNRISE AVE., STE. 100 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRICE, JAN | 2.2 NAME | |
| STREET ADDRESS | 222 RUGBY RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERB, BENN | 3.2 NAME | |
| STREET ADDRESS | 112 MONROE DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KINO, GREGORY | 4.2 NAME | |
| STREET ADDRESS | 311 WESTMINSTER PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOLK, LORI | 5.2 NAME | |
| STREET ADDRESS | 325 ALBERMARLE ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | ST | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALDON, WALLACE | 6.2 NAME | |
| STREET ADDRESS | 211 MONCEAUX RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | W. PALM BEACH FL | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)