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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22224**

Corporation Name

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

rincipal	Place	of	Business	
			•	

Mailing Address

2a. Mailing Address

² O BOX 6055 N. PALM BEACH FL 33405-7055

. Principal Place of Business

P O BOX 6055

W. PALM BEACH FL 33405-7055

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

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





3. Date Incorporated or Qualifed

Signature, typed or printed rame of registered and title if applicable. NOTE Registered Agent algorithre required with relatability) UNIE			26					1	08/26/1987				
City & State City & State	Suite, Apt.	#, etc.		e, Apt. #, etc.			• • •	4				A	pplied For
Zip Country Zip Country Zip Country St. Oerflictan of Status Desired St. Out Desired]		27						65-0123038	• ,		N	ot Applicable
See Required See S	City & Stat	•	City	& State				5	Cartificate of Sta	atus Desired	П		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name ENGELS-GULDEN, DOROTHY 220 SUNRISE, AVE. STE: 100 PALM BCH. FI. 33480 PALM BCH. FI. 34500			28						- Certificate of Ga			Fee R	equired
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 22. Street Address (P.O. Box Number is Not Acceptable) 23. Street Address (P.O. Box Number is Not Acceptable) 24. Street Address (P.O. Box Number is Not Acceptable) 25. Street Address (P.O. Box Number is Not Acceptable) 26. Street Address (P.O. Box Number is Not Acceptable) 27. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-name 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, or both, in the State of Florida. Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, or both, in the Statutes, the above-name corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Statutes, the above-name corporation soulmits this statement for	Zip	Country	Zip		Cou	intry		.6	Election Campa	ign Financing	П	•	•
ENGELS-GULDEN, DOROTHY 220 SUNRISE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code PALM BCH. FL 33480 84 City FL 85 Zip Code City City FL 85 Zip Code City City FL 85 Zip Code City		. 25	29		30								to Fees
ENGELS-GULDEN, DOROTHY 220 SUNRISE AVE. STE: 100 PALM BCH. FL 33480 EVERY provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, section 617,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and the september of the provisions of Sections 617,0502 and 617,0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes, agent, I am familiar with, and accept the obligations of, section 617,0503, Florida Statutes, agent, I am familiar with a september of the provisions of the purpose of changing its registered office or registered agent, as authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, as a purpose agent, and		9. Name and Address of Current	Registered	Agent		Ь,		10	Name and Add	ress of New	Registered	Agent	
220 SUNRISE AVE. STE. 100 PALM BCH. FL 33480 Pursuant to the provisions of Sections \$17,0502 and \$17,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, and both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section \$17,0503, Florida Statutes. 2.		·				81	Name						
220 SUNRISE AVE. STE. 100 PALM BCH. FL 33480 A City FL 85 Zip Code City FL 95 Zip Code Ci	ENGELS-G	SULDEN, DOROTHY				82	Street Ac	ddress (P.O. Box Number	is Not Accept	able)		
STE. 100 PALM BCH. FL 33480 I. 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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. International Companies of Part of Price Personal Agent algorithm required when rentations in a part of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. International Companies of Part of Price Personal Agent algorithm required when rentations in a part of Price Part of P		•											
PALM BCH. FL 33480 Ed City FL 85 Zip Code						83	ĺ			•			
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IGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent alignature required when reinstating) DATE	office or r	egistered agent, or both, in the State of	f Florida. Su	ich change was au	uthorized	עם ב	the corpora	orporation ration's b	on submits this sta coard of directors.	stement for the I hereby acce	purpose of pt the appo	f changing it intment as r	s registered egistered
Signature, lyped or printed rame of regulateds. (NOTE: Registered Agent signature required when relatation): LONE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD	agent. I a	m familiar with, and accept the obligation	ons of, Secti	ion 617.0503, Flor	ida Stat	utes	•						
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West Palm Beach, FL 33405

14. I hereby certify that the information supplied with the 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 receivable trues of empowered to execute this report as required by Chapter 617, Florida Statutes and that my same appears in Block 12 or Block 13 if changed or on an attack tent without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/99 (Sb1) 65 1460

CR2E037 (11/9