

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22224

1. Entity Name

EL CID/PROSPECT PARK/SOUTHLAND PARK HOME OWNER'S

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90013 024 ****61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0123038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGELS-GULDEN, DOROTHY	
STREET ADDRESS	220 SUNRISE AVE., STE. 100	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRICE, JAN	
STREET ADDRESS	222 RUGBY RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERB, BENN	
STREET ADDRESS	112 MONROE DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINO, GREGORY	
STREET ADDRESS	311 WESTMINSTER PLACE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOLK, LORI	
STREET ADDRESS	325 ALBERMARLE ROAD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIELLY, SUSAN	
STREET ADDRESS	3217 WASHINGTON ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnes, Stephen	
STREET ADDRESS	203 Westminster Rd.	
CITY-ST-ZIP	W. Palm Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)