


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N22224 1. Entity Name EL CID/PROSPECT PARK/SOUTHLAND PARK HOME OWNER'S ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0123038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, JEFF 332 MONROE DR WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, STEPHEN 203 WESTMINSTER RD WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERB, BENN 112 MONROE DRIVE W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINO, GREGORY 311 WESTMINSTER PLACE W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLK, LORI 325 ALBERMARLE ROAD W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIELLY, SUSAN 3217 WASHINGTON ROAD WEST PALM BEACH, FL 33405

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IN THIS SPACE**

11/25/05-80102-017 61.25

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: _____ **11/11/05** **(561) 655-1460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #