

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703187

**Entity Name:** ENGLISH ESTATES ENGLISH WOODS HOMEOWNERS ASSOC.,INC.**Current Principal Place of Business:**2060 HUNTERFIELD RD  
MAITLAND, FL 32751**Current Mailing Address:**P O BOX 300255  
FERN PARK, FL 32730-0255 US**FEI Number: 59-2520063****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MURPHY, JOHN A.  
2060 HUNTERFIELD ROAD  
MAITLAND, FL 32751 US*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: JOHN A, MURPHY****02/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** CABLE, SHAWN  
**Address** 465 S. ORLANDO AVE  
#104  
**City-State-Zip:** MAITLAND FL 32751**Title** VP  
**Name** MURPHY, JOHN A.  
**Address** 2060 HUNTERFIELD RD  
**City-State-Zip:** MAITLAND FL 32751**Title** DIRECTOR  
**Name** SCHREINER, DAWN C.  
**Address** P O BOX 300255  
**City-State-Zip:** FERN PARK FL 32730-0255**Title** MEDIA DIRECTOR  
**Name** WATTS, CHANTAL  
**Address** P O BOX 300255  
**City-State-Zip:** FERN PARK FL 32730-0129**Title** TREASURER  
**Name** HAZARD, MELISSA  
**Address** P O BOX 300517  
**City-State-Zip:** FERN PARK FL 32730-0517**Title** DIRECTOR  
**Name** MURPHY, ENSIE B.  
**Address** P O BOX 300255  
**City-State-Zip:** FERN PARK FL 32730-0129**Title** SOCIAL CHAIR  
**Name** SCHREINER, ERICE B.  
**Address** P O BOX 300255  
**City-State-Zip:** FERN PARK FL 32730-0129**Title** SECRETARY  
**Name** TUCCIARELLI, MEGAN  
**Address** PO BOX 30255  
**City-State-Zip:** FERN PARK FL 32730**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: JOHN A. MURPHY****VICE PRESIDENT****02/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                STREET ADVOCATE  
Name                HARDIN, MARK  
Address             PO BOX 30255  
City-State-Zip:    FERN PARK FL 32730

Title                DIRECTOR  
Name                MARROW, CAROL  
Address             PO BOX 30255  
City-State-Zip:    FERN PARK FL 32730