

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703187

**Entity Name:** ENGLISH ESTATES ENGLISH WOODS HOMEOWNERS ASSOC.,INC.

**FILED**  
**Jan 28, 2022**  
**Secretary of State**  
**4415140173CC**

**Current Principal Place of Business:**

2060 HUNTERFIELD ROAD  
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**

**01/28/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CABLE, SHAWN  
Address P.O. BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title TREASURER  
Name HAZARD, MELISSA  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title PRESIDENT  
Name MURPHY, JOHN A.  
Address 2060 HUNTERFIELD RD  
City-State-Zip: MAITLAND FL 32751-3550

Title DIRECTOR  
Name SCHREINER, DAWN C.  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title SOCIAL CHAIR  
Name SCHREINER, ERIC B.  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title SECRETARY, CORRESPONDING SECRETARY  
Name WATTS, CHANTAL  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title OTHER  
Name LOLLAR, GREG  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title STREET ADVOCATE  
Name HARDIN, MARK  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

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*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**

**PRESIDENT**

**01/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MARROW, CAROL  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title DIRECTOR  
Name GESILER, JULIANA  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title DIRECTOR  
Name LINDSAY, CHANCELLOR  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title OTHER  
Name ALLEN, BRANDON  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title OTHER  
Name WILKERSON, CAROLINE  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title DIRECTOR  
Name CABLE, KELLI DREY  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title DIRECTOR  
Name DELENY, ROBERT  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255

Title OTHER  
Name WESLEY, BOYCE  
Address P O BOX 300255  
City-State-Zip: FERN PARK FL 32730-0255