

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90569 044 ****61.25

DOCUMENT # 716898

1. Entity Name

ESSEX HOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CONDO KEEPERS
 630 S. ORANGE AVE
 SARASOTA FL 34236**

**CONDO KEEPERS
 630 S. ORANGE AVE
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1745545

Applied For

Not Applicable

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

**CURLLESS, JERRY
 630 S ORANGE AVE.
 STE 101
 SARASOTA FL 34236**

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 checked="" type="checkbox"/> Delete
NAME	DUTHONY, CESARIO	
STREET ADDRESS	707 S GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROOMER, KEN	
STREET ADDRESS	707 S GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSEN, HAROLD	
STREET ADDRESS	707 S. GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIOSTOR, RENEE	
STREET ADDRESS	707 S. GULFSTREAM AVE.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLASEN, ROBERT	
STREET ADDRESS	707 S GULFSTREAM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABADJIAN, SANDRA	
STREET ADDRESS	707 S. GULFSTREAM AVE	
CITY-ST-ZIP	SARASOTA FL 34236	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY GARALL	
STREET ADDRESS	707 S GULFSTREAM AVE 202	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK CUNDARI	
STREET ADDRESS	707 S GULFSTREAM AVE #801	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID KOEHLING	
STREET ADDRESS	707 S GULFSTREAM AVE 502	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDON RANCE	
STREET ADDRESS	707 S GULFSTREAM PH-1	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED SYDEN	
STREET ADDRESS	707 S GULFSTREAM AVE 506	
CITY-ST-ZIP	SARASOTA FL 34236	

CR2E037 (9/01)

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

GRAY GARALL 4/23/02 9413514442

Date

Daytime Phone #