

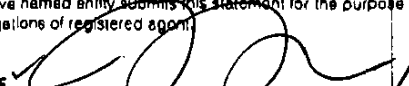
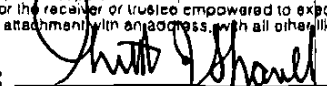
JUL-25-2005 10:06

BECKER AND POLIAKOFF

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90014 023 ****70.00

DOCUMENT # 716898			
1. Entity Name ESSEX HOUSE ASSOCIATION, INC.			
Principal Place of Business 2180 WEST SR 434 STE 5000 LONGWOOD, FL 32779-5044		Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business 707 S. GULFSTREAM AVE		3. Mailing Address 707 S. GULFSTREAM AVE	
Suite, Apt. #, etc. # 202		Suite, Apt. #, etc. # 202	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34236	Country SARASOTA	Zip 34236	Country SARASOTA
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 HART, JAMES JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name PERNA, RALPH Street Address (P.O. Box Number is Not Acceptable) 707 S. GULFSTREAM AVE # 202 City SARASOTA FL Zip Code 34236	
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  R.B.T. RALPH PERNA		DATE 7-26-05	
Filing Fee is \$81.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAZALL, GARY 707 S GULFSTREAM AVE #202 SARASOTA, FL 34236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHARELL, GIL 707 S GULFSTREAM AVE #1008 SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, MIKE 707 S GULFSTREAM AVE #107 SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSEN, HAROLD 707 S GULFSTREAM AVE #706 SARASOTA, FL 34236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLASEN, BOB 707 S GULFSTREAM AVE #408 SARASOTA, FL 34236	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHLINGER, DAVID 843 W CASTLEWOOD CHICAGO, IL 60640	☐ Delete	TITLE 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)(1), 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:  Gilbert J. Sharell PD		DATE 7/26/05 DAYTIME PHONE # 941-650-4188	

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07222005 Chg-NP CR2E037 (10/03)