

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90024 047 ****70.00

DOCUMENT # 716898 1. Entity Name ESSEX HOUSE ASSOCIATION, INC.					
Principal Place of Business 707 S GULFSTREAM AVE, # 202 SARASOTA FL 34236			Mailing Address 707 S GULFSTREAM AVE, # 202 SARASOTA FL 34236		
2. Principal Place of Business 707 S. GULFSTREAM AVE Suite, Apt. #, etc.		3. Mailing Address 707 S. GULFSTREAM AVE Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 59-1745545	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERNA, RALPH 707 S GULFSTREAM AVE, # 202 SARASOTA FL 34236				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 2-7-06 <small>(NOTE: Registered Agent signature required when removing)</small>					
FILE NOW FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SHARELL, GIL 707 S GULFSTREAM AVE, # 1003 SARASOTA FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 707 S. GULFSTREAM AVE, # 100 B SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD VARANO, LOTTIE 707 S GULFSTREAM AVE, # 1001 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BAKER, MIKE 707 S GULFSTREAM AVE #107 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY VINCENT ANDRACCHIO, II 707 S. GULFSTREAM AVE, # 305 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD PERNA, RALPH 707 S GULFSTREAM AVE, # 202 SARASOTA FL 34236	<input type="checkbox"/> Delete SAME & ->	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER RALPH PERNA 707 GULFSTREAM AVE, # 202 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOEHLINGER, DAVID 843 W CASTLEWOOD CHICAGO IL 60640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOEHLINGER, DAVID 843 W CASTLEWOOD CHICAGO IL 60640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:			DATE: 2-7-06		



ATTACHMENT

40030678

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

ESSEX HOUSE ASSOCIATION, INC.
707 SOUTH GULFSTREAM AVENUE
SARASOTA, FL 34236 US

Copy

Subject: ESSEX HOUSE ASSOCIATION, INC.

Reference Number: 716898

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD
ANNUAL REPORTS SECTION