

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745724

1. Corporation Name

ESSEX CONDO ASSOCIATION INC.

Principal Place of Business

Mailing Address

390^W Cocoa Beach Cswy (Same)
Cocoa Beach, FL 32931

3. Date Incorporated or Qualified

01/26/1979

About

3a. Date of Last Report

03/15/1995

4. FEI Number

59-2045501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 390 W. Cocoa Beach Cswy

26 Same as "2"

22 Suite, Apt. #, etc.

Cocoa Beach, FL

27 Suite, Apt. #, etc.

23 City & State

(Unit # 41)

28 City & State

24 Zip

32931

25 Country

Beavard

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERESA Godbout
390 W. Cocoa Beach Cswy #41
Cocoa Beach, FL 32931

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Theresa Godbout (Treasurer)

3/15/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JASMINE IVANSON
STREET ADDRESS #26 390 W. Cocoa Beach Cswy
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE D
NAME HERB LITTLE
STREET ADDRESS #34 390 W. Cocoa Beach Cswy
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE V.P. & D
NAME Crawford G. Jackson
STREET ADDRESS 493 Cougar Ridge Rd
CITY-ST-ZIP Port Angeles, WA 98363

TITLE Pres. & D
NAME Catherine Propst
STREET ADDRESS 24794 W. Nippersink Rd
CITY-ST-ZIP Round Lake, IL 60073

TITLE Treasurer
NAME TERESA Godbout
STREET ADDRESS #41 390 W. Cocoa Beach Cswy
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/S
12 NAME Thomas Perun
13 STREET ADDRESS 24794 W. Nippersink Rd
14 CITY-ST-ZIP Round Lake, IL 60073

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

Catherine L. Propst President

3/15/96

(847) 546-1318

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(CATHERINE L. PROBST)

Catherine L. Propst

Daytime Phone #

CR2E037 (12/95)