

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745724** (5)

1. Corporation Name

ESSEX CONDO ASSOCIATION, INC.



Principal Place of Business 390 W. COCOA BEACH CSWY UNIT #41 COCOA BEACH FL 32931 US	Mailing Address 390 W. COCOA BEACH CSWY UNIT #41 COCOA BEACH FL 32931-3569 US
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3. Date Incorporated or Qualified 01/26/1979	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2045501	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GODBOUT, THERESA
390 W. COCOA BEACH CSWY
UNIT #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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODBOUT, THERESA	1.2 NAME	GODBOUT, THERESA
STREET ADDRESS	390 W COCOA BCH CSWY #41	1.3 STREET ADDRESS	390 W. COCOA BEACH CSWY #41
CITY-ST-ZIP	COCOA BEACH FL 32931	1.4 CITY-ST-ZIP	COCOA BEACH, FL. 32931
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	2.2 NAME	Capone, Elizabeth
STREET ADDRESS	390 W. COCOA BEACH CSWY #26	2.3 STREET ADDRESS	390 W. COCOA BEACH CSWY #
CITY-ST-ZIP	COCOA BEACH FL 32931	2.4 CITY-ST-ZIP	Cocoa Beach, FL. 32931
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	Little, Herb
STREET ADDRESS	390 W. COCOA BEACH CSWY #34	3.3 STREET ADDRESS	390 W. COCOA BEACH CSWY #34
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	Cocoa Beach, FL. 32931
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD	4.2 NAME	Jackson, Crawford G.
STREET ADDRESS	493 COUGAR RIDGE RD	4.3 STREET ADDRESS	493 Cougar Ridge Rd.
CITY-ST-ZIP	PORT ANGELES WA 98363	4.4 CITY-ST-ZIP	Port Angeles, WA. 98363
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	5.2 NAME	
STREET ADDRESS	PERUN, THOMAS	5.3 STREET ADDRESS	
CITY-ST-ZIP	24794 W NIPPERSINK ROAD	5.4 CITY-ST-ZIP	
	ROUND LAKE IL 60073	5.5 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	PROPST, CATHERINE	6.3 STREET ADDRESS	
CITY-ST-ZIP	24794 W NIPPERSINK RD	6.4 CITY-ST-ZIP	
	ROUND LAKE IL 60073		

14. I do 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 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:

Theresa Godbout

4/7/97

CR2E037 (9/96)