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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 US
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3. Date Incorporated or Qualified 01/26/1979	Applied For <input type="checkbox"/>
4. FEI Number 59-2045501	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GODBOUT, THERESA
390 W. COCOA BEACH CSWY
UNIT #41
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GODBOUT, THERESA	
STREET ADDRESS	390 W COCOA BCH CSWY #41	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IVANSON, JASMINE	
STREET ADDRESS	390 W. COCOA BEACH CSWY #26	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LITTLE, HERB	
STREET ADDRESS	390 W. COCOA BEACH CSWY #34	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, CRAWFORD G	
STREET ADDRESS	493 COUGAR RIDGE RD	
CITY-ST-ZIP	PORT ANGELES WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPONE, ELIZABETH	
STREET ADDRESS	390 W COCOA BCH CSWY #	
CITY-ST-ZIP	COCOA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Thomas Williams	
1.3 STREET ADDRESS	390 W. Cocoa Bch. Cswy. #7	
1.4 CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Diana Stewart	
2.3 STREET ADDRESS	390 W. Cocoa Bch. Cswy. #8	
2.4 CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Arlene Duda	
3.3 STREET ADDRESS	65 Wells St.	
3.4 CITY-ST-ZIP	Fox Lake, Il. 60020	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* 3/9/98 107754-1021

CF2E037 (10/97)