

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745724

1. Entity Name

ESSEX CONDO ASSOCIATION, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90006 034 ****61.25

| | |
|--|---|
| 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 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 390 W. Cocoa Beach Cswy. Suite, Apt. #, etc. | 3. Mailing Address 1775 N. Atlantic Ave. Suite, Apt. #, etc. |
|---|--|

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|--|---------|--|---------|
| City & State Cocoa Beach, Fl. Zip 32931 | Country | City & State Cocoa Beach, Fl. Zip 32931 | 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. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name LYN TENBUSCH
 Street Address (P.O. Box Number is Not Acceptable)
390 W. Cocoa Beach Cswy. #11
 City Cocoa Beach FL Zip Code 32931

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.

SIGNATURE Lyn Tenbusch Lyn Tenbusch President 4/29/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE P NAME GODBOUT, THERESA STREET ADDRESS 390 W COCOA BCH CSWY #41 CITY-ST-ZIP COCOA BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE D NAME IVANSON, JASMINE STREET ADDRESS 390 W. COCOA BEACH CSWY #26 CITY-ST-ZIP COCOA BEACH FL 32931 | <input type="checkbox"/> Delete |
| TITLE T NAME JACKSON, CRAWFORD G STREET ADDRESS 493 COUGAR RIDGE RD CITY-ST-ZIP PORT ANGELES WA | <input type="checkbox"/> Delete |
| TITLE V NAME WILLIAMS, THOMAS STREET ADDRESS 390 W COCOA BEACH CAUSEWAY, #7 CITY-ST-ZIP COCOA BEACH FL 32931 | <input checked="" type="checkbox"/> Delete |
| TITLE D NAME TENBUSCH, LYN STREET ADDRESS 390 W.C.B. CSWY #11 CITY-ST-ZIP COCOA BEACH FL 32931 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| TITLE VP NAME LARRY TENBUSCH STREET ADDRESS 390 W. Cocoa Bch. Cswy. #5 CITY-ST-ZIP Cocoa Beach, Fl. 32931 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME Catherine Propst STREET ADDRESS Rte. 4 Box 24 CITY-ST-ZIP Hempstead, TX. 77445 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE P NAME LYN TENBUSCH STREET ADDRESS 390 W. Cocoa Bch. Cswy. #11 CITY-ST-ZIP Cocoa Beach, Fl. 32931 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(i), 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: Lyn Tenbusch Lyn Tenbusch President 4/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)