

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90072 015 ****61.25

DOCUMENT # 745724

1. Entity Name

ESSEX CONDO ASSOCIATION, INC.



Principal Place of Business

390 W. COCOA BEACH CSWY
UNIT #41
COCOA BEACH FL 32931
US

Mailing Address

1775 N ATLANTIC AVE
COCOA BEACH FL 32931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2045501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

2445 Bayhill Dr.

City

Viera

FL

Zip Code
32940

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

Theresa Godbout-Theresa Godhout - Pres.

3-22-04

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<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	V	<input type="checkbox"/> Delete
NAME	STEWART, DIANA	
STREET ADDRESS	390 W. COCOA BEACH CSWY #8	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HACKENBERRY, LYN	
STREET ADDRESS	7070 SONG DR.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PROPTI, CATHERINE	
STREET ADDRESS	RTE 4, BOX 24 OLD HOUSTON HWY	
CITY-ST-ZIP	HEMPSTEAD TX 77445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2445 Bayhill Dr.	
STREET ADDRESS	Viera, Fl. 32940	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Powell, George	
STREET ADDRESS	390 W. Cocoa Beach Cswy. #11	
CITY-ST-ZIP	Cocoa Beach, Fl. 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Theresa Godbout-Theresa Godhout - Pres 3-22-04 321-777-4078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #