

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716898

Entity Name: ESSEX HOUSE ASSOCIATION, INC.**Current Principal Place of Business:**707 S GULFSTREAM AVE
SARASOTA, FL 34236**Current Mailing Address:**707 S GULFSTREAM AVE
SARASOTA, FL 34236**FEI Number:** 59-1745545**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANG, CINDY
707 S. GULFSTREAM AVE
SARASOTA, FL 34236 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SHARELL, GIL
Address 707 S GULFSTREAM AVE, # 1008
City-State-Zip: SARASOTA FL 34236

Title P
Name VARANO, LOTTIE
Address 707 S GULFSTREAM AVE, # 1001
City-State-Zip: SARASOTA FL 34236

Title S
Name WHEELER, JEAN
Address 707 S GULFSTREAM AVE, # 903
City-State-Zip: SARASOTA FL 34236

Title T
Name WILSON, JUDY
Address 707 GULFSTREAM AVE, # 807
City-State-Zip: SARASOTA FL 34236

Title D
Name HOFFMAN, DAVID
Address 707 S. GULFSTREAM AVENUE, UNIT 1003
City-State-Zip: SARASOTA FL 34236

Title D
Name PERRET, CHARLOTTE
Address 707 S. GULFSTREAM AVENUE, UNIT1101
City-State-Zip: SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOTTIE VARANO

P

04/01/2014

Electronic Signature of Signing Officer/Director Detail

Date