

2013 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

02/15/2013

Electronic Signature of Signing Officer/Director Detail_____
Date