

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745724

FILED
Apr 23, 2015
Secretary of State
CC0285528563

Entity Name: ESSEX CONDO ASSOCIATION, INC.

Current Principal Place of Business:

3270 SUNTREE BLVD SUITE 216
MELBOURNE, FL 32940

Current Mailing Address:

3270 SUNTREE BLVD SUITE 216
MELBOURNE, FL 32940 US

FEI Number: 59-2045501

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OMEGA COMMUNITY MANAGEMENT, INC.
3270 SUNTREE BLVD SUITE 216
MELBOURNE, FL 32940 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: THOMAS W WILLIAMS

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROSHEA, MARILYN
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title VP
Name HALVERSON, JEFF
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY, TREASURER
Name KRAATZ, BARBARA
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name BLACK, RODNEY
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name WILLIAMS, THOMAS
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name QUINN, ALEXANDRIA
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name PROPST, CATHERINE
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name KEEFFE, SHELA
Address 181 NORTH ST
 106
City-State-Zip: SALEM MA 01970

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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: ROSHEA , MARILYN

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HALVERSON, KAI
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name HALVERSON, KAI
Address 3270 SUNTREE BLVD SUITE 216
City-State-Zip: MELBOURNE FL 32940