


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 050 ****61.25

DOCUMENT # 716898
 1. Entity Name
ESSEX HOUSE ASSOCIATION, INC.



Principal Place of Business Mailing Address
707 S GULFSTREAM AVE **707 S GULFSTREAM AVE**
SARASOTA FL 34236 **SARASOTA FL 34236**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-1745545 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PERNA, RALPH
707 S GULFSTREAM AVE, # 202
SARASOTA FL 34236

7. Name and Address of New Registered Agent
 Name **JENNIFER DEFRANCO, PROP. MGR.**
 Street Address (P.O. Box Number is Not Acceptable) **707 S. GULFSTREAM AVE # 304**
 City **SARASOTA** FL Zip Code **34236**

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 *Jennifer DeFranco, Property Mgr.* DATE **2/1/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 NAME	D <input type="checkbox"/> Delete SHARELL, GIL
STREET ADDRESS	707 S GULFSTREAM AVE, # 1008
CITY-ST-ZIP	SARASOTA FL 34236
TITLE NAME	P <input type="checkbox"/> Delete VARANO, LOTTIE
STREET ADDRESS	707 S GULFSTREAM AVE, # 1001
CITY-ST-ZIP	SARASOTA FL 34236
TITLE NAME	S <input type="checkbox"/> Delete ANDRACCHIO, VINCENT H
STREET ADDRESS	707 S GULFSTREAM AVE, # 305
CITY-ST-ZIP	SARASOTA FL 34236
TITLE NAME	T <input type="checkbox"/> Delete PERNA, RALPH
STREET ADDRESS	707 GULFSTREAM AVE, # 202
CITY-ST-ZIP	SARASOTA FL 34236
TITLE NAME	<input type="checkbox"/> Delete DIRECTOR DIRECTOR ROBERT KIRSCHNER
STREET ADDRESS	707 S. GULFSTREAM AVE # 101
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE NAME	<input type="checkbox"/> Delete DIRECTOR MICHAEL CHOKR
STREET ADDRESS	707 S. GULFSTREAM AVE # 802
CITY-ST-ZIP	SARASOTA, FL 34236

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Gil Sharell Gil Sharell* DATE **2/4/08** (941) 364-9196