

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F99000004262

1. Entity Name

ESSEX PROPERTY MANAGEMENT INC.



FILED
Jan 24, 2007 08:00 AM
Secretary of State

Principal Place of Business
P.O. BOX 2228
WINDERMERE FL 34786

Mailing Address
P.O. BOX 2228
WINDERMERE FL 34786



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 36-3745639

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, CORNELIUS X
5427 MONTERREY CLUB COURT
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PCD
NAME: CARROLL, SALLY A
STREET ADDRESS: 5427 MONTERREY CLUB COURT
CITY-STATE-ZIP: WINDERMERE FL 34786 ☐ Delete

TITLE: VSTD
NAME: CARROLL, CORNELIUS X
STREET ADDRESS: 5427 MONTERREY CLUB COURT
CITY-STATE-ZIP: WINDERMERE FL 34786 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: 01/26/07-80053-002 158.75
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change
NAME:
STREET ADDRESS:
CITY-STATE-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 indicate 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name, if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

Sally A. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date