

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# N06000009480

Entity Name: ESSEX HOUSE CONDOMINIUM ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business:

813 IRMA AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

813 IRMA AVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-5530812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STANBERY, JOSH
813 IRMA AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANBERY, JOSH
Address: 813 IRMA AVE
City-St-Zip: ORLANDO, FL 32803

Title: VPD () Delete
Name: MUSA, MASSIMO
Address: 813 IRMA AVE
City-St-Zip: ORLANDO, FL 32803

Title: STD () Delete
Name: MUSA, MARCO
Address: 813 IRMA AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSH STANBERY

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02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date