2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N08000008587

Entity Name: ESSENTIALS SPA PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1705 BERGLUND LANE
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

1705 BERGLUND LANE
VIERA, FL 32940

New Mailing Address:

FEI Number: 26-4827977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M
1686 W HIBISCUS BLVD
MELBOURNE, FL 32901 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: LESSER, MICHAEL F MD
Address: 9303 S HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: ST ( ) Delete
Name: DEMERS, MICHAEL J
Address: 1705 BERGLUND LANE
City-St-Zip: VIERA, FL 32940

Title: D ( ) Delete
Name: BASSIN, ROBER MD
Address: 1600 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Delete
Name: POCOSKI, DAVID MD
Address: 930 H HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32901

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:

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: MICHAEL J DEMERS ST 05/18/2009
Electronic Signature of Signing Officer or Director — Date