

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008587

FILED  
Mar 21, 2011  
Secretary of State

**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 ( )**

**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  
**Name:** LESSER, MICHAEL F MD  
**Address:** 9303 S HARBOR CITY BLVD  
**City-St-Zip:** MELBOURNE, FL 32901

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

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

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

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:** MICHAEL DEMERS

ST

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date