**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21585 (7)

1. Corporation Name
ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WOMACK & COMPANY, INC.<br>POST OFFICE BOX 160396<br>ALTAMONTE SPRINGS FL 32716 | C/O WOMACK & COMPANY, INC.<br>POST OFFICE BOX 160396<br>ALTAMONTE SPRINGS FL 32716 |

3. Date Incorporated or Qualified: 07/16/1987
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2859481 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 445 Douglas Avenue | 26 |
| Suite, Apt. #, etc.<br>22 Suite 2205-C | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Altamonte Sprgs, FL 32714 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WOMACK, ELLEN R.<br>445 DOUGLAS AVE STE 2205-C<br>ALTAMONTE SPRINGS FL 32714 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | XX | 1.1 TITLE | DS | X Change X Addition |
| NAME | XXXX XXX | 1.2 NAME | Sylvia Williamson | |
| STREET ADDRESS | XXXX XXXXXXX DR | 1.3 STREET ADDRESS | 5436 New Haven Court | |
| CITY-ST-ZIP | XXXXXXXX XX | 1.4 CITY-ST-ZIP | Orlando, FL 32812 | |
| TITLE | XX | 2.1 TITLE | DP | X Change ☐ Addition |
| NAME | KROPF, FRED | 2.2 NAME | KROPF, FRED | |
| STREET ADDRESS | 5433 HALIFAX DRIVE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | 2.4 CITY-ST-ZIP | | |
| TITLE | XX | 3.1 TITLE | DV | XX Change ☐ Addition |
| NAME | HAMMARQUIST PETER | 3.2 NAME | | |
| STREET ADDRESS | 5437 NEW HAVEN COURT | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | | |
| TITLE | DX | 4.1 TITLE | DT | X Change X Addition |
| NAME | XXXXXXX XXXX | 4.2 NAME | Martha Casto | |
| STREET ADDRESS | XXXX XXXXXXX DRIVE | 4.3 STREET ADDRESS | 5442 Wincrest Court | |
| CITY-ST-ZIP | XXXXXXXX XX | 4.4 CITY-ST-ZIP | Orlando, FL 32812 | |
| TITLE | DX | 5.1 TITLE | D | X Change X Addition |
| NAME | XXXXXXXXXX XXX XXX | 5.2 NAME | Shaun York | |
| STREET ADDRESS | XXXX XXXXXX DRIVE | 5.3 STREET ADDRESS | 5420 Rutland Court | |
| CITY-ST-ZIP | XXXXXXXX XX | 5.4 CITY-ST-ZIP | Orlando, FL 32812 | |
| TITLE | XX | 6.1 TITLE | D | X Change X Addition |
| NAME | XXXXXX, XXXXXX | 6.2 NAME | Barbara Dennis | |
| STREET ADDRESS | XXXX XXXXXX XXXXXXX | 6.3 STREET ADDRESS | 5448 Wincrest Court | |
| CITY-ST-ZIP | XXXXXXXX XX | 6.4 CITY-ST-ZIP | Orlando, FL 32812 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ Fred Kropf, President 4/25/95 407/682-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081050

N21585

ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.
59-2859481

12.

Title D
Name George Bourgoin
Address 5401 Halifax Drive
City,st,zip Orlando, FL 32812