

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-1-96

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8985

C

DOCUMENT # N21585

(7)

1. Corporation Name

ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

445 DOUGLAS AVENUE
SUITE 2205-C
ALTAMONTE SPRINGS FL 32714
US

C/O WOMACK & COMPANY, INC.
POST OFFICE BOX 160386
ALTAMONTE SPRINGS FL 32716



3. Date Incorporated or Qualified
07/16/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2859481

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOMACK, ELLEN R.
445 DOUGLAS AVE STE 2205-C
ALTAMONTE SPRINGS FL 32714

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, 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 DS ☐ DELETE
NAME WILLIAMSON, SYLVIA
STREET ADDRESS 5436 NEW HAVEN COURT
CITY-STATE-ZIP ORLANDO FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE DP ☒ DELETE
NAME KROPF, FRED
STREET ADDRESS 5433 HALIFAX DRIVE
CITY-STATE-ZIP ORLANDO FL

21 TITLE ☐ Change ☒ Addition
22 NAME D
23 STREET ADDRESS Victor Griffus
24 CITY-STATE-ZIP 3144 Bridgeford Drive
Orlando, FL

TITLE ☒ DELETE
NAME HAMMARQUIST PETER
STREET ADDRESS 5437 NEW HAVEN COURT
CITY-STATE-ZIP ORLANDO FL

31 TITLE ☒ Change ☐ Addition
32 NAME DP
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE DT ☐ DELETE
NAME CASTO, MARTHA
STREET ADDRESS 5442 WINCREST COURT
CITY-STATE-ZIP ORLANDO FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME YORK, SHAUN
STREET ADDRESS 5420 RUTLAND COURT
CITY-STATE-ZIP ORLANDO FL

51 TITLE DV ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☒ DELETE
NAME DENNIS, BARBARA
STREET ADDRESS 5448 WINCREST COURT
CITY-STATE-ZIP ORLANDO FL

61 TITLE ☐ Change ☒ Addition
62 NAME D
63 STREET ADDRESS Mr. Scott Lampman
64 CITY-STATE-ZIP 5400 Halifax Drive
Orlando, FL

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/96

(407) 682-3443

CR2E037 (12/95)