FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N21585

(7)

ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place	of Business	Mailing Address			till Eibli Albir Bisit Eibli Albil Diali 1661
445 DOUGLAS AVENUE C/O WOMACK &			INC.		
SUITE 2205-C		POST OFFICE BOX 160386			
ALTAMONTE SPRINGS FL 32714 US		ALTAMONTE SPRINGS FL 32716-0386		3. Date Incorporated or Qualified	3a. Date of Last Report
U3				07/16/1987	3a. Date of Last Report 04/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 238 N	. Westmonte Dr.	26 P.O. Box 1	61606	59-2859481	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22 Suite		27	- 		Fee Required
City & State		City & State	Cantago	6. Election Campaign Financing FL Trust Fund Contribution	\$5.00 May Be
Zip Zip	onte Springs, FL Country	28 Altamonte	Country	8. This corporation has liability for	
24 32714	25 USA	29 32716-1606 3	_ <i>'</i>		Yes [2] No
	9. Name and Address of Current	Registered Agent	-1 USA	10. Name and Address of New Re	
WOMACK FILEN R. Womack					
WOMACK, ELLEN R. B2 Street Add				Address (P.O. Box Number is Not Acceptate	nle)
445 DOUGLAS AVE STE 2205-C			238 N. Westmonte Drive		
ALTAMONTE SPRINGS FL 32714			83 5114	te 105	
			84 City	.ce 103	85 Zip Code
			Alt	amonte Springs	FL 32714
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 office or registered agent, or both in the state of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as registered					
Pursuant to the provisions of sections of 17,002 and 617,150s, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, by the other of Florida Statutes, and accept the appointment as registered agent. I am fantiliar that accept the obligations of Section #17,0503, 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		13.	ADDITIONS/CHANGES TO OFFIC	SERS AND DIRECTORS IN 12
TITLE	DS OF FIGURE AND	K K DELETE	1.1 TITLE	D	Change XXAddition
NAME	WILLIAMSON, SYLVIA		1.2 NAME	Sheldon, Elaine	
STREET ADDRESS	5436 NEW HAVEN COURT		1.3 STREET ADDRESS	5438 New Haven Cou	rt
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 3281	
TITLE	D	DELETE	2.1 TITLE	D	Change Addition
NAME	GRIFFUS, VICTOR		2.2 NAME	DiFazio, Emily	1
STREET ADDRESS	3144 BRIDGEFORD DRIVE		2.3 STREET ADDRESS	3224 Bridgeford Dr	ive
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	DP	☐ DELETE	3.1 TITLE	DV	Change XXAddition
NAME	HAMMARQUIST PETER		3.2 NAME	Palmer, Don	
STREET ADDRESS	5437 NEW HAVEN COURT		3.3 STREET ADDRESS	5443 Wincrest Cour	t
CITY-ST-ZIP	ORLANDO FL	DELETE	3.4. CITY-ST-ZIP	Orlando, FL 32812	Change Addition
TITLE	DT Casto, Martha	CT VECCIE	4.1 TITLE 4. 2 NAME		El puesião El vigitori
NAME OTRECT ADDRESS	5442 WINCREST COURT		1		•
STREET ADDRESS	ORLANDO FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DV	XXDELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME	YORK, SHAUN	4 ₽ ta n n n n n 1 fr	5.2 NAME		المرابعة الم
STREET ADDRESS	5420 RUTLAND COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		,
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAMPMAN, SCOTT		6.2 NAME		
STREET ADDRESS	5400 HALIFAX DRIVE		6.3 STREET ADDRESS		
0174 07 70	OPLANDO EL		CADITIC OF TIP		

14. I do hereby certify that the information supplied with this filing 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 if changed from an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

22 97 (407) 380-1/6

FILED

Jan 31 1997 8:00am

Secretary of State

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