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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21585** (7)
1. Corporation Name
ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 238 N. WESTMONTE DR. SUITE 405 ALTAMONTE SPRINGS FL 32714 US	Mailing Address P.O. BOX 161806 POST OFFICE BOX 160396 ALTAMONTE SPRINGS FL 32716-1806 US
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3. Date Incorporated or Qualified 07/16/1987
4. FEI Number 59-2859481
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 260 22 City & State Altamonte Springs, FL 23 Zip 32714 24 Country US	2a. Mailing Address 25 Suite, Apt. #, etc. Suite 260 26 City & State Altamonte Springs, FL 27 Zip 32714 28 Country US
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WOMACK, ELLEN R. 238 N. WESTMONTE DRIVE SUITE 105 ALTAMONTE SPRINGS FL 32714
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10. Name and Address of New Registered Agent 81 Name Suite 260 82 Street Address (P.O. Box Number is Not Acceptable) Suite 260 83 City Altamonte Springs 84 State FL 85 Zip Code 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SHELDON, ELAINE
STREET ADDRESS	5438 NEW HAVEN COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GRIFFUS, VICTOR
STREET ADDRESS	3144 BRIDGEFORD DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	HAMMARQUIST PETER
STREET ADDRESS	5437 NEW HAVEN COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	CASTO, MARTHA
STREET ADDRESS	5442 WINCREST COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	PALMER, DON
STREET ADDRESS	543 WINCREST COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LAMPMAN, SCOTT
STREET ADDRESS	5400 HALIFAX DRIVE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DV Lemmon, Anita
1.3 STREET ADDRESS	5440 Halifax Dr
1.4 CITY-ST-ZIP	Orlando, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DS Frank, Merlene F.
2.3 STREET ADDRESS	5428 Halifax Dr.
2.4 CITY-ST-ZIP	Orlando, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	York, Shaun
3.3 STREET ADDRESS	5426 Rutland Ct.
3.4 CITY-ST-ZIP	Orlando, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Waterhouse, Ralph
4.3 STREET ADDRESS	5467 Wincrest Ct.
4.4 CITY-ST-ZIP	Orlando, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DP PALMER DONALD R.
5.3 STREET ADDRESS	5443 WINCREST CT.
5.4 CITY-ST-ZIP	ORLANDO, FL. 32812
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address.

SIGNATURE: *Donald R. Palmer*

CR2E037 (10/97)