

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90039 024 \*\*\*\*61.50

0013238

**DOCUMENT # N21585**

1. Corporation Name

**ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

238 N. WESTMONTE DR.  
STE 260  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P.O BOX 161606  
~~POST OFFICE BOX 100300~~  
ALTAMONTE SPRINGS FL 32716-1606  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/16/1987

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

9. Name and Address of Current Registered Agent

WOMACK, ELLEN R.  
238 N. WESTMONTE DRIVE  
~~SUITE 105~~  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

Suite 260

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 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 *[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

TITLE D ☒ DELETE  
NAME SHELTON, ELAINE  
STREET ADDRESS 5438 NEW HAVEN COURT  
CITY-ST-ZIP ORLANDO FL

TITLE DV ☒ DELETE  
NAME LEMMON, ANITA  
STREET ADDRESS 5440 HALIFAX DR  
CITY-ST-ZIP ORLANDO FL

TITLE DS ☒ DELETE  
NAME FRANK, MERLENE F  
STREET ADDRESS 5428 HALIFAX DR  
CITY-ST-ZIP ORLANDO FL

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

TITLE DP ☒ DELETE  
NAME PALMER, DON  
STREET ADDRESS 5443 WINCREST CT  
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ DELETE  
NAME YORK, SHAUN  
STREET ADDRESS 5420 RUTLAND CT  
CITY-ST-ZIP ORLANDO FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Luanne Crabbe  
1.3 STREET ADDRESS 5421 Rutland Court  
1.4 CITY-ST-ZIP Orlando, FL

2.1 TITLE DV ☐ Change ☒ Addition  
2.2 NAME Thomas Allen  
2.3 STREET ADDRESS 5401 Rutland Court  
2.4 CITY-ST-ZIP Orlando, FL

3.1 TITLE DS ☐ Change ☒ Addition  
3.2 NAME Betty Robards  
3.3 STREET ADDRESS 5431 Wincrest Court  
3.4 CITY-ST-ZIP Orlando, FL

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Lynn Russell  
4.3 STREET ADDRESS 5411 New Haven Court  
4.4 CITY-ST-ZIP Orlando, FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Yolande Watson  
5.3 STREET ADDRESS 5436 Wincrest Court  
5.4 CITY-ST-ZIP Orlando, FL

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 407659-8717  
Date Daytime Phone #

CR2E037 (11/98)