

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21585

1. Entity Name

ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90030 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

P.O BOX 161606  
ALTAMONTE SPRINGS FL 32716-1606  
US

2. Principal Place of Business

225 S. Westmonte Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 2050

City & State

Altamonte Springs, FL

City & State

4. FEI Number

59-2859481

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOMACK, ELLEN R.  
238 N. WESTMONTE DRIVE  
STE 260  
ALTAMONTE SPRINGS FL 32714

Name

Ellen R. Womack

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

225 S. Westmonte Drive

Suite 2050

City

Altamonte Springs,

FL

Zip Code

32714

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Ellen R. Womack*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete  
NAME CRABBE, LUANNE  
STREET ADDRESS 5421 RUTLAND CT  
CITY-ST-ZIP ORLANDO FL

TITLE DP ☐ Change ☒ Addition  
NAME L. Kay Neet  
STREET ADDRESS 5413 Halifax Drive  
CITY-ST-ZIP Orlando, FL 32812

TITLE DV ☒ Delete  
NAME ALLEN, THOMAS  
STREET ADDRESS 5401 RUTLAND CT  
CITY-ST-ZIP ORLANDO FL

TITLE DV ☐ Change ☒ Addition  
NAME Yolande Watson  
STREET ADDRESS 5436 Wincrest Court  
CITY-ST-ZIP Orlando, FL 32812

TITLE DS ☒ Delete  
NAME ROBARDS, BETTY  
STREET ADDRESS 5431 WINCREST CT  
CITY-ST-ZIP ORLANDO FL

TITLE DST ☐ Change ☒ Addition  
NAME Georgia Ann Lampman  
STREET ADDRESS 5400 Halifax Drive  
CITY-ST-ZIP Orlando, FL 32812

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

TITLE D ☐ Change ☒ Addition  
NAME Latonette Walker  
STREET ADDRESS 5445 Halifax Drive  
CITY-ST-ZIP Orlando, FL 32812

TITLE D ☒ Delete  
NAME RUSSELL, LYNN  
STREET ADDRESS 5411 NEW HAVEN CT  
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

*Lynne Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

(407) 381-9474

Daytime Phone #

CR2E037 (9/99)