

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90031 036 ****61.25

DOCUMENT # N21585

1. Entity Name

ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~225 S. WESTMONTE DR
 SUITE 2050
 ALTAMONTE SPRINGS FL 32714
 US~~

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

2. Principal Place of Business

52 E. South Street

3. Mailing Address

52 E. South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number
 59-2859481

Applied For
 Not Applicable

Zip
 32801

Country
 Orange

Zip
 32801

Country
 Orange

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.
 225 S. WESTMONTE DRIVE
 SUITE 2050
 ALTAMONTE SPRINGS FL 32714~~

Name
 DON ASHER & ASSOCIATES, INC.

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

52 E. South Street

City
 Orlando

FL

Zip Code
 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

**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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 NEET, KAY L
 5413 HALIFAX DRIVE
 ORLANDO FL 32812 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DV
 WATSON, YOLANDE
 5436 WINCREST COURT
 ORLANDO FL 32812 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V/D
 Don Palmer
 5443 Wincrest Court
 Orlando, FL 32812 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DST
 LAMPMAN, GEORGIA A
 5400 HALIFAX DRIVE
 ORLANDO FL 32812 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T/D ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WALKER, LATONETTE
 5445 HALIFAX DRIVE
 ORLANDO FL 32812 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MattaZavadsky
 3124 Bridgeford Drive
 Orlando, FL 32812 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S/D
 Barbara Dennis
 5448 Wincrest Court
 Orlando, FL 32812 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Dave Copeland
 3316 Bridgeford Drive
 Orlando, FL 32812 ☐ Change ☒ Addition

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 or 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 an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lydia Neet
 Lydia Neet

4/11/01

407/425-4561

Date

Daytime Phone #

CR2E037 (10/00)