

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90035 021 ****61.25

DOCUMENT # N21585

1. Entity Name
ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**52 E SOUTH STREET
ORLANDO, FL 32801 US**

Mailing Address
**52 E SOUTH STREET
ORLANDO, FL 32801 US**

50053033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2859481

Applied For
Not Applicable

Zip

Country

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

**DON ASHER & ASSOCIATES, INC.
52 E SOUTH STREET
ORLANDO, FL 32801**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ADAMS, YVONNEDA
5436 WINCREST COURT
ORLANDO, FL 32812** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WATERS, GLEN
3340 BRIDGEFORD DRIVE
ORLANDO, FL 32812** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MARTIN, DEBORAH
3228 BRIDGEFORD DRIVE
ORLANDO, FL 32812** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
PALMER, DONALD
5443 WINCREST COURT
ORLANDO, FL 32812** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COPELAND, DAVID
3316 BRIDGEFORD DRIVE
ORLANDO, FL 32812** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
CORVI, PAUL
5461 WINCREST CT
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)(l), 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #