2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # N21585 1. Entity Name ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.					03-05-2008	3 90030 003 ****6	1.25	
1 801 COOK AVENUE 18		Mailing Address 1801 COOK AVENUE ORLANDO, FL -32806 - US						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5205 5. ORANGE AVE 5205 S. ORANGE AVE Suite, Apt. #, etc. Suite, Apt. #, etc.				9UE.				
Suite, Apr. Su.	ITE 206	Suite, Apt. #, etc.	SUITE206		Chg-NP	CR2E037 (12/06)		
City & State ORUANDO, FL		ORIANDO, FL		4. FEI Numbe 59-285		<u> </u>	oplied For of Applicable	
Zip 328		32809	Country		of Status Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current R	legistered Agent	Name		Address of New I			
DON ASHER & ASSOCIATES, INC. 52 E SOUTH STREET ORLANDO, FL 32801 ORLANDO, FL 32801							uiry	
Size 5				ITE 20	TE 206			
CityORi				RIANDO	ANDO FL Zip Code 209			
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 reinstaling) DATE								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Rec	gistered Agent signature	required when reinstating)	/	DATE		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont	ign Financing _	\$5.00 May B		Make check payable to		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing _	\$5.00 May B Added to Fees	, Flo	lake check payable to	tate	
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12. Thereby certify that the information supplied with this fining does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is provided in the composition 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

2/26/08

407-852-530c