

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-05-2008 90030 003 \*\*\*\*61.25

<b>DOCUMENT # N21585</b>			
1. Entity Name <b>ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1801 COOK AVENUE ORLANDO, FL 32806 US</b>		Mailing Address <b>1801 COOK AVENUE ORLANDO, FL 32806 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5205 S. ORANGE AVE</b>		3. Mailing Address <b>5205 S. ORANGE AVE.</b>	
Suite, Apt. #, etc. <b>SUITE 206</b>		Suite, Apt. #, etc. <b>SUITE 206</b>	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32809</b>	Country <b>USA</b>	Zip <b>32809</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>DON ASHER &amp; ASSOCIATES, INC. 52 E SOUTH STREET ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>HOUSE OF MGMT ENT. FOR COMMUNITY</b> Street Address (P.O. Box Number is Not Acceptable) <b>5205 S. ORANGE AVENUE</b> <b>SUITE 206</b> City <b>ORLANDO, FL</b> Zip Code <b>32809</b>	
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:  DATE: <b>X 2/28/08</b> (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, DEBORAH 3228 BRIDGEFORD DRIVE ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PALMER, DONALD 5443 WINCREST COURT ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORVI, PAUL 5461 WINCREST CT ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE SILLE 3308 BRIDGEFORD DRIVE ORLANDO, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONIA NAVARRO 5413 HALIFAX DRIVE ORLANDO, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: <b>2/26/08</b> Daytime Phone #: <b>407-852-5300</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	