2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N21585

Entity Name: ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5205 S. ORANGE AVE
STE. 206
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

5205 S. ORANGE AVE
STE. 206
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-2859481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSE OF MGMT ENT. FOR COMMUNITY
5205 ORANGE AVE
STE. 206
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MARTIN, DEBORAH
Address: 3228 BRIDGEFORD DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete
Name: PALMER, DONALD
Address: 5443 WINCREST COURT
City-St-Zip: ORLANDO, FL 32812

Title: PD ( ) Delete
Name: CORVI, PAUL
Address: 5461 WINCREST CT
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: SILLE, DAVE
Address: 3308 BRIDGEFORD DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: NAVARRO, SONIA
Address: 5413 HALIFAX DRIVE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: PALMER, DONALD
Address: 5443 WINCREST COURT
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: NAVARRO, SONIA
Address: 5413 HALIFAX DRIVE
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CORVI PRES 01/22/2009

Electronic Signature of Signing Officer or Director — Date