

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90772 043 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

FILE NOW: FEE IS \$61.25

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

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

TITLE **VD** ☒ Delete
NAME **PALMER, DON**
STREET ADDRESS **5443 WINCREST COURT**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☒ Addition
NAME **Yvonneda Adams**
STREET ADDRESS **5436 Wincrest Court**
CITY-ST-ZIP **Orlando, FL 32812**

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

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

TITLE **D** ☒ Delete
NAME **ZAVADSKY, MATT**
STREET ADDRESS **3124 BRIDGEFORD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☒ Addition
NAME **D Glen Waters**
STREET ADDRESS **3340 Bridgeford Drive**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **SD** ☒ Delete
NAME **WATERS, GLENN**
STREET ADDRESS **3340 BRIDGEFORD DR**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☒ Addition
NAME **Debora Martin**
STREET ADDRESS **3228 Bridgeford Drive**
CITY-ST-ZIP **Orlando, FL 32812**

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

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

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 like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4-10-03 407-381-9474

CR2E037 (10/02)