

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35275

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** ESM ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

P. O. BOX 593844  
ORLANDO, FL 32859 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 593844  
ORLANDO, FL 32859 US

**New Mailing Address:**

**FEI Number:** 59-2989831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RECHT, RALPH R  
526 THORPE ROAD  
ORLANDO, FL 32824 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: PD ( ) Delete  
Name: O'BORN, MATTHEW  
Address: 1600 GRAND VIA  
City-St-Zip: ORLANDO, FL 32825 US

Title: VPD ( ) Delete  
Name: WHITMER, LESLIE  
Address: 600 S. CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: TD ( ) Delete  
Name: RECHT, RALPH R  
Address: 526 THORPE ROAD  
City-St-Zip: ORLANDO, FL 32824 US

Title: SD ( ) Delete  
Name: GALLOWAY, HELEN  
Address: 1414 KUHLE AVENUE  
City-St-Zip: ORLANDO, FL 32824 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: SD (X) Change ( ) Addition  
Name: PEASE, PAULA  
Address: 2787 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH R. RECHT

TD

01/09/2007

Electronic Signature of Signing Officer or Director

Date