

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2009
Secretary of State**

DOCUMENT# N43074

Entity Name: ESPRIT NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-504 4S

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-504 4S

New Mailing Address:

FEI Number: 59-3063872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: VPD (X) Delete
Name: GAMBLE, BRENDA
Address: 17757 ESPRIT DR
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: BULLARD, DARSON
Address: 17752 ESPRIT DR
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: LOWE, JANELL
Address: 17613 ESPRIT DR
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: TREADWAY, KAREN
Address: 17609 ESPRIT DR
City-St-Zip: TAMPA, FL 33647

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

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: JANELL LOWE

PD

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date