

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21585

Entity Name: ESSEX POINT SOUTH HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5756 S SEMORAN BLVD
ORLANDO, FL 32822**Current Mailing Address:**5756 S. SEMORAN BLVD.
ORLANDO, FL 32822 US**FEI Number:** 59-2859481**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC.
5756 S SEMORAN BLVD
ORLANDO, FL 32822 US*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:** CHERYL ZOOK

01/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name CORVI, PAUL
Address 5756 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name PADILLA, DANIEL
Address 5756 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR
Name PALMER, BARBARA
Address 5756 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR, VP
Name TREESE, KELLE
Address 5756 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

Title SECRETARY
Name HUNT, BRIAN
Address 5756 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR, TREASURER
Name WEYAND, BARCLAY
Address 5756 S SEMORAN BLVD
City-State-Zip: ORLANDO FL 32822

I hereby 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 all other like empowered.

SIGNATURE: PAUL CORVI

PRESIDENT

01/30/2017

Electronic Signature of Signing Officer/Director Detail

Date