

**2019 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

01/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title VP, DIRECTOR  
Name MUNSON, ERIN  
Address 5756 S. SEMORAN BLVD.  
City-State-Zip: ORLANDO FL 32822

Title TREASURER, DIRECTOR  
Name MCPHEE, KATHLEEN  
Address 5756 S. SEMORAN BLVD.  
City-State-Zip: ORLANDO FL 32822

Title DIRECTOR  
Name NATAL, ROSOLIND  
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:** DONALD PALMER

PRESIDENT

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date