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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717932 (8)

1. Corporation Name

ESSEX HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, I NC.



Principal Place of Business

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2296 AARON ST. PORT CHARLOTTE FL 33952

CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2296 AARON ST. PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified 01/22/1970

3a. Date of Last Report 02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 59-1574991

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, LUCILE
2437 HARBOR BOULEVARD
PORT CHARLOTTE FL 33952

81 Name Eisemann, Hank
82 Street Address (P.O. Box Number Is Not Acceptable) 2437 Harbor Blvd. Unit 119
83
84 City Port Charlotte, FL 85 Zip Code 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Hank Eisemann*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rehashing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, LOUISE	
STREET ADDRESS	2437 HARBOR BLVD. UNIT 212	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNWELL, KENNETH	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 213	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EISEMANN, HANK	
STREET ADDRESS	2437 HARBOR BLVD. UNIT 119	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, LUCILLE	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 214	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRIOR, BERNICE	
STREET ADDRESS	2437 HARBOR BLVD. UNIT 211	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eisemann, Hank	
1.3 STREET ADDRESS	2437 Harbor Blvd. Unit 119	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clark, Louise	
3.3 STREET ADDRESS	2437 Harbor Blvd. Unit 113	
3.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Webster, Mahlon	
4.3 STREET ADDRESS	2437 Harbor Blvd, Unit 119	
4.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gillespie, Leona	
5.3 STREET ADDRESS	2437 Harbor Blvd. Unit 217	
5.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Hank Eisemann*

Signature typed or printed name of signing officer or director

2-10-97

941-743-4115

CR2E037 (9/96)