

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2206 AARON ST. PORT CHARLOTTE FL 33952	Mailing Address CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2206 AARON ST. PORT CHARLOTTE FL 33952
--	--

3. Date Incorporated or Qualified 01/22/1970	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-1574991		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**EISEMANN, HANK
2437 HARBOR BLVD, UNIT 119
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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* **HANK EISEMANN** DATE: **1/26/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	EISEMANN, HANK	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 119	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/>
NAME	DUNWELL, KENNETH	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 213	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	NICHOLS, LUCILLE	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 214	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/>
NAME	GILLESPIE, LEONA	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 217	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	CLARK LOUISE		
1.3 STREET ADDRESS	2437 HARBOR BLVD UNIT 113		
1.4 CITY-ST-ZIP	PORT CHARLOTTE FL		
2.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	WEBSTER MAHLON		
2.3 STREET ADDRESS	2437 HARBOR BLVD UNIT 119		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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* **HANK EISEMANN** DATE: **1/26/98**

CFR2037 (10/97)