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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90154 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717932

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/22/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1574991	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

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
	FL	

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 HENRY EISEMANN Henry Eismann Pres. 2/2/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEMANN, HANK	1.2 NAME	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 119	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952 ← add	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNWELL, KENNETH	2.2 NAME	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 213	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952 ← add	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, LOUISE	3.2 NAME	
STREET ADDRESS	2437 HARBOR BLVD UNIT 113	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952 ← add	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLESPIE, LEONA	4.2 NAME	D Wilcox, Julaine
STREET ADDRESS	2437 HARBOR BLVD, UNIT 217	4.3 STREET ADDRESS	2437 Harbor Blvd, Unit 107
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, MAHLON	5.2 NAME	
STREET ADDRESS	2437 HARBOR BLVD UNIT 119	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTEE FL 33952 ← add	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: HENRY EISEMANN Henry Eismann 2/2/99 941-743-4115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)