

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90059 038 ****61.25

DOCUMENT # 717932

1. Entity Name
ESSEX HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, I

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1574991	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EISEMANN, HANK
2437 HARBOR BLVD, UNIT 119
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent
 Name **EISEMANN, HANK**
 Street Address (P.O. Box Number is Not Acceptable) **2437 Harbor Blvd # 111**
 City **Port Charlotte** **FL** Zip Code **33952**

8. 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 *H. Eismann Pres. H. EISEMANN* DATE **1/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME PD EISEMANN, HANK STREET ADDRESS 2437 HARBOR BLVD, UNIT 119 CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME TD DUNWELL, KENNETH STREET ADDRESS 2437 HARBOR BLVD, UNIT 213 CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME VD CLARK, LOUISE STREET ADDRESS 2437 HARBOR BLVD UNIT 113 CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME D WILCOX, JULAINE STREET ADDRESS 2437 HARBOR BLVD., UNIT 107 CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME SD WEBSTER, MAHLON STREET ADDRESS 2437 HARBOR BLVD UNIT 119 CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD EISEMANN HANK STREET ADDRESS 2437 Harbor Blvd #111 CITY-ST-ZIP Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD Webster MAHLON STREET ADDRESS 2437 Harbor Blvd Unit #111 CITY-ST-ZIP Port Charlotte FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *H. Eismann Pres. H. EISEMANN* DATE **1/26/01** DAYTIME PHONE # **941-743-4115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)