

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91616 012 \*\*\*\*61.25

**DOCUMENT # 717932**

-1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1574991**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISEMANN, HANK  
 2437 HARBOR BLVD. #111  
 PORT CHARLOTTE FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*HANK EISEMANN X Hank Eisemann*

*3/13/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EISEMANN, HANK	
STREET ADDRESS	2437 HARBOR BLVD. #111	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUNWELL, KENNETH	
STREET ADDRESS	2437 HARBOR BLVD, UNIT 213	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, LOUISE	
STREET ADDRESS	2437 HARBOR BLVD UNIT 113	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, JULAINE	
STREET ADDRESS	2437 HARBOR BLVD., UNIT 107	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBSTER, MAHLON	
STREET ADDRESS	2437 HARBOR BLVD. #111	
CITY-ST-ZIP	PORT CHARLOTTEE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Higgins	
STREET ADDRESS	2437 Harbor Blvd	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN Kenney	
STREET ADDRESS	2437 Harbor Blvd	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilcox, Julaine	
STREET ADDRESS	2437 Harbor Blvd #107	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*HANK EISEMANN X Hank Eisemann*

*3/13/02*

*941 629 6925  
941 743 4115*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)