

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90083 043 \*\*\*\*61.25

**DOCUMENT # 717932**  
1. Entity Name  
**ESSEX HOUSE OF PORT CHARLOTTE - A  
CONDOMINIUM, INC.**



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**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State

4. FEI Number: **59-1574991**  
Applied For:  Not Applicable:

Zip: Country Zip: Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EISEMANN, HANK  
2437 HARBOR BLVD. #111  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Hank Eisemann* HANK Eisemann 3/19/04  
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  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE: PD<br>NAME: EISEMANN, HANK<br>STREET ADDRESS: 2437 HARBOR BLVD. #111<br>CITY-ST-ZIP: PORT CHARLOTTE FL 33952       | <input type="checkbox"/> Delete |
| TITLE: VD<br>NAME: HIGGINS, RICHARD<br>STREET ADDRESS: 2437 HARBOR BLVD, UNIT 213<br>CITY-ST-ZIP: PORT CHARLOTTE FL 33952 | <input type="checkbox"/> Delete |
| TITLE: D<br>NAME: KENNEY, JEAN<br>STREET ADDRESS: 2437 HARBOR BLVD UNIT 106<br>CITY-ST-ZIP: PORT CHARLOTTE FL 33952       | <input type="checkbox"/> Delete |
| TITLE: TD<br>NAME: WILCOX, JULAINE<br>STREET ADDRESS: 2437 HARBOR BLVD., UNIT 107<br>CITY-ST-ZIP: PORT CHARLOTTE FL 33952 | <input type="checkbox"/> Delete |
| TITLE: SD<br>NAME: WEBSTER, MAHLON<br>STREET ADDRESS: 2437 HARBOR BLVD. #111<br>CITY-ST-ZIP: PORT CHARLOTTEE FL 33952     | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |   |
|--|---|
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>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: *Hank Eisemann* HANK Eisemann 3/19/04 (941) 743-4115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #