

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90252 007 ****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**

14009444



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

HANK Eisemann
(NOTE: Registered Agent signature required when reinstating)

4/22/05
DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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
NAME EISEMANN, HANK
STREET ADDRESS 2437 HARBOR BLVD. #111
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE VD
NAME HIGGINS, RICHARD
STREET ADDRESS 2437 HARBOR BLVD, UNIT 213
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE D
NAME KENNEY, JEAN
STREET ADDRESS 2437 HARBOR BLVD UNIT 106
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE TD
NAME WILCOX, JULAINE
STREET ADDRESS 2437 HARBOR BLVD., UNIT 107
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☒ Delete

TITLE SD
NAME WEBSTER, MAHLON
STREET ADDRESS 2437 HARBOR BLVD. #111
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD/TD
NAME Webster, Mahlon
STREET ADDRESS 2437 Harbor Blvd #111
CITY-ST-ZIP Port Charlotte FL 33952 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANK Eisemann

4/22/05
Date

941 743 4115
Daytime Phone #