2006 NOT-FOR-PROFIT CORPORATION

FILED May 01, 2006 8:00 am Secretary of State

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DOCUMENT #717932 1. Entity Name ESSEX HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, INC.							90338 004 ****6		
CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2296 AARON ST.			Mailing Address CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2296 AARON ST. PORT CHARLOTTE, FL 33952				# 18818	1	(1)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02132006	Chg-NP	CR2E037 (11/05)	
City & State			City & State			4. FEI Number 59-15749	91		Applied For
Zip 	_	Country	Zip	Co	ountry	5. Certificate of			dditional
6. Name and Address of Current Registered Agent					T	7. Name and Ac	dress of New R	Registered Agent	
a. Maria and Maria and All and Maria and Maria				Name					
EISEMANN, HANK					Street Addre	ress (P.O. Box Number is	s Not Acceptable	9)	
PORT CHA	ARLOTTE,	FL 33952				· · · ·		. <u>.</u>	-
				City FL Zip Code					
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8. The above	named entity	submits this statement for	the purpose of chan-	ging its registe		gistered agent, or both, i	in the State of Flo	- - ,	n, and accept
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of chan-	ging its registe		gistered agent, or both,	in the State of Flo	- - ,	n, and accept
the obligat	named entity tions of register	submits this statement for ered agent.	the purpose of chan-	ging its registe		gistered agent, or both,	in the State of Flo	- - ,	n, and accept
8. The above the obligat	tions of registe	submits this statement for ered agent. Dad Co	remanic	Prio.	ered office or reg	gistered agent, or both, i	in the State of Flo	- - ,	n, and accept
the obligat	Signature, typed of	ered agent.	Semonto nd title if applicable.	Prio.	ered office or reg	required when reinstating)	M	orida. I am familiar with	<i>4/06</i>
the obligat	Signature, typed of Filling Fee Due by M.	or printed name of registered agent a	20000000000000000000000000000000000000	(NOTE: Register	ered office or reg	\$5.00 May Be Added to Fees ADDITIONS/CHAN	M Flor	DATE DATE	to State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X HANK EISCMANN Dank Closmann 4/21/06 941-743-4115