



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90338 004 ****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		
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 59-1574991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>Hank Eismann Pres.</u> DATE <u>2/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME EISEMANN, HANK	<input type="checkbox"/> Delete	TITLE Treasurer	NAME Wilcox, Julianne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2437 HARBOR BLVD. #111	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		STREET ADDRESS 2437 Harbor Blvd # 107	CITY-ST-ZIP Port Charlotte, FL 33952	
TITLE VD	NAME HIGGINS, RICHARD	<input type="checkbox"/> Delete	TITLE Secretary	NAME Webster, Bud	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2437 HARBOR BLVD, UNIT 213	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		STREET ADDRESS 2437 Harbor Bld # 111	CITY-ST-ZIP Port Charlotte, FL 33952	
TITLE D	NAME KENNEY, JEAN	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2437 HARBOR BLVD UNIT 106	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SDTD	NAME NEBSTER, MAHLON	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 243 HARBOR BLVD. #111	CITY-ST-ZIP PORT CHARLOTTE, FL 33952		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME WEBSTER, MAHLON	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2437 HARBOR BLVD. #111	CITY-ST-ZIP PORT CHARLOTTEE, FL 33952		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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.					
SIGNATURE: <u>HANK EISEMANN</u> <u>Hank Eismann</u> <u>4/21/06</u> <u>941-743-4115</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					