

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717932

FILED
Jan 19, 2009
Secretary of State

Entity Name: ESSEX HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, INC.

Current Principal Place of Business:

CHARLOTTE SQUARE CONDOMINIUMS
MANAGERS OFFICE 2296 AARON ST.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

CHARLOTTE SQUARE CONDOMINIUMS
MANAGERS OFFICE 2296 AARON ST.
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1574991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EISEMANN, HANK
Address: 2437 HARBOR BLVD. #111
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD () Delete
Name: HIGGINS, RICHARD
Address: 2437 HARBOR BLVD. #218
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete
Name: WILCOX, JULAINE
Address: 2437 HARBOR BLVD. #107
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SD () Delete
Name: WEBSTER, BUD
Address: 2437 HARBOR BLVD. #111
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Delete
Name: KENDZIA, RICHARD
Address: 2437 HARBOR BLVD. #114
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: KENZDIA, RICHARD
Address: 2437 HARBOR BLVD. #114
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SAXBY, HILDA
Address: 2437 HARBOR BLVD. #120
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANK EISEMANN

PD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date