


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 747918 1. Entity Name ESQUIRE CENTRE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 739 EAT SILVER SPRGS BLVD SUITE 210 OCALA, FL 32670 US	Mailing Address 739 EAT SILVER SPRGS BLVD SUITE 210 OCALA, FL 32670 US
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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2882800	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRULUCK, DAN
739 E SILVER SPRGS BLV STE 204
OCALA, FL 32670

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000064421
02/24/04-80011-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRULUCK, DAN 739 E SILVER SPGS BLVD OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROVER, MAXINE 739 E SILVER SPGS BLVD OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAROL, MASTERS 739 E. SILVER SPGS BLVD #210 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04

352-732-3223

Daytime Phone #