


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747918</b> 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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03112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2882800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TRULUCK, DAN 739 E SILVER SPRGS BLV STE 204 OCALA, FL 32670
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000272130  
03/21/05-80077-017 61.25

**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)(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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05  
Date

3/17/05  
Day/Time Phone #