

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 747918

1. Entity Name

ESQUIRE CENTRE CONDOMINIUM ASSOCIATION, INC.



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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-2882800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TRULUCK, DAN
STREET ADDRESS 739 E SILVER SPGS BLVD
CITY- ST- ZIP Ocala FL

TITLE STD ☐ Delete
NAME GROVER, MAXINE
STREET ADDRESS 739 E SILVER SPGS BLVD
CITY- ST- ZIP Ocala FL

TITLE VD ☐ Delete
NAME CAROL, MASTERS
STREET ADDRESS 739 E. SILVER SPGS BLVD #210
CITY- ST- ZIP Ocala FL 34470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000774046
09/14/07-80003-020 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*