

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747918

FILED
Apr 05, 2008
Secretary of State

Entity Name: ESQUIRE CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

739 EAT SILVER SPRGS BLVD
SUITE 210
OCALA, FL 32670 US

New Principal Place of Business:

739 EAT SILVER SPRGS BLVD
SUITE 101
OCALA, FL 32670 US

Current Mailing Address:

739 EAT SILVER SPRGS BLVD
SUITE 210
OCALA, FL 32670 US

New Mailing Address:

739 EAST SILVER SPRGS BLVD
SUITE 101
OCALA, FL 32670 US

FEI Number: 59-2882800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TRULUCK, DAN
739 EAST SILVER SPRINGS BLVD #101
OCALA, FL 32670 US

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: DAN TRULUCK

04/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRULUCK, DAN,
Address: 739 E SILVER SPGS BLVD
City-St-Zip: OCALA, FL

Title: STD () Delete
Name: GROVER, MAXINE,
Address: 739 E SILVER SPGS BLVD
City-St-Zip: OCALA, FL

Title: VD () Delete
Name: CAROL, MASTERS
Address: 739 E. SILVER SPGS BLVD #210
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRULUCK, DAN,
Address: 739 E SILVER SPGS BLVD #101
City-St-Zip: OCALA, FL 34470

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

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: DAN TRULUCK

PD

04/05/2008

Electronic Signature of Signing Officer or Director

Date