

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N98000002736

1. Entity Name

CHARLOTTE SQUARE CONDOMINIUM ASSOCIATION,
INC.



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90318 017 ****61.25

Principal Place of Business		Mailing Address	
2296 AARON STREET PORT CHARLOTTE FL 33952		2296 AARON STREET PORT CHARLOTTE FL 33952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EISEMANN, HENRY JR 2437 HARBOR BLVD. #111 PORT CHARLOTTE FL 33952		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 Henry Eisemann Jr. Henry Eisemann Jr. 4/22/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>VD ANDREWS, HARRY 21287 GERTUDE AVE 216 PUNTA GORDA FL 33950</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PD EISEMANN, HENRY 2437 HARBOR BLVD. #111 PORT CHARLOTTE FL 33952</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>ST GANDT, FRANK 21260 BRINSAN AVE #304 PORT CHARLOTTE FL 33952</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input checked="" type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p></p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p></p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p></p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>ST Price, William 21267 Gerdruude Ave, #206 Port Charlotte, FL 33952</p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p></p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p></p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p></p>		<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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: Henry Eisemann Jr. 4/22/05 941 743 4115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #