### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 717932** 

Entity Name: ESSEX HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, INC.

FILED Mar 19, 2015 Secretary of State CC4650693285

# **Current Principal Place of Business:**

ESSEX HOUSE OF PORT CHARLOTTE MANAGERS OFFICE 2296 AARON ST. PORT CHARLOTTE, FL 33952

# **Current Mailing Address:**

CHARLOTTE SQUARE CONDOMINIUMS MANAGERS OFFICE 2296 AARON ST. PORT CHARLOTTE, FL 33952

FEI Number: 59-1574991 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EISEMANN, HANK 2437 HARBOR BLVD. #111 PORT CHARLOTTE, FL 33952 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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

TitlePRESIDENT, DIRECTORTitleVP, DIRECTORNameEISEMANN, HANKNameHATCH, RICHARD

Address 2437 HARBOR BLVD. #111 Address 2437 HARBOR BLVD, #115

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title DST Title D

Name BAUER, LISA Name TEXTOR, RUTH

Address 2437 HARBOR BLVD. #205 Address 2437 HARBOR BLVD. #217

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR

Name SWANSON, BARBARA
Address 2437 HARBOR BLVD #214
City-State-Zip: PORT CHARLOTTE FL 33952

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail