

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770175 (8)

1. Corporation Name

CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6295 SE CHARLESTON PL
HOBE SOUND FL 33455
US

Mailing Address

1501 DECKER AVENUE
SUITE 112
STUART FL 34994
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1983		3a. Date of Last Report 03/09/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2381828		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CORNETT, JANE
401 E OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, JOSEPH	1.2 NAME	
STREET ADDRESS	6295 SE CHARLESTON PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, JACK	2.2 NAME	
STREET ADDRESS	6275 SE CHARLESTON PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYLOR, ROGER	3.2 NAME	LYONS, PATRICIA
STREET ADDRESS	6236 CHARLESTON PLACE	3.3 STREET ADDRESS	6256 SE CHARLESTON PL #201
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELSITO, LUKE	4.2 NAME	
STREET ADDRESS	6276 CHARLESTON PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKNEZ, PAUL	5.2 NAME	KEATING, JOSEPH
STREET ADDRESS	6295 SE CHARLESTON PL	5.3 STREET ADDRESS	6256 SE CHARLESON PLACE #102
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTONE, EUGENE	6.2 NAME	ROSS, MICHAEL
STREET ADDRESS	6276 CHARLESTON PL	6.3 STREET ADDRESS	6255 SE CHARLESTON PL.
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	HOBE SOUND, FL 33455

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSEPH R. KEATING *Joseph R. Keating Treasurer* 4/18/96 407-546-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)