

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90280 005 \*\*\*\*61.25

**DOCUMENT # 770175**

1. Entity Name

**CHARLESTON ON THE GREEN CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

105 E. CENTRAL PKWY, SUITE 130  
STUART FL 34994  
US

Mailing Address

PO BOX 1770  
HOBE SOUND FL 33475  
US

2. Principal Place of Business

6235 - 6295 SE Charleston Pl.

Suite, Apt. #, etc.

Hobe Sound, FL

City & State

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

City & State

Stuart, FL



MOORE

CR2E037 (11/03)

4. FEI Number

59-2381828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE  
401 E OSCEOLA STREET  
STUART FL 34994

7. Name and Address of New Registered Agent

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 May 1, 2004**

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	D	<input type="checkbox"/> Delete
NAME	SCOTT, ED	
STREET ADDRESS	6236 SE CHARLESTON PL F104	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEDUTO, PATRICK	
STREET ADDRESS	6276 SE CHARLESTON PL # C201	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	PS	<input type="checkbox"/> Delete
NAME	STONE, ARLENE	
STREET ADDRESS	6236 SE CHARLESTON PL F203	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DIANE	
STREET ADDRESS	6256 SE CHARLESTONE PL E102	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LARKINS, FRANK	
STREET ADDRESS	6275 SE CHARLESTON PL # B202	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LYONS, PAT	
STREET ADDRESS	6256 SE CHARLESTON PL. E 201	
CITY-ST-ZIP	HOBE SOUND FL 33455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Rickner	
STREET ADDRESS	6295 SE Charleston Pl A105	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackie McDevitt	
STREET ADDRESS	6295 SE Charleston Pl. A102	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Arle M. Stone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/04  
Date

Daytime Phone #