



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90057 008 \*\*\*\*61.25

<b>DOCUMENT # 770175</b> 1. Entity Name <b>CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6235 6295 SE CHARLESTON PL HOBE SOUND, FL 33455 US</b>			Mailing Address <b>PO BOX STUART, FL 34995 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40013643</b>  	
City & State		City & State		4. FEI Number <b>59-2381828</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNETT, JANE 401 E OSCEOLA STREET STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>SCOTT, ED</b> <b>6236 SE CHARLESTON PL F104</b> <b>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>TD</b> <b>PEDUTO, PATRICK</b> <b>6276 SE CHARLESTON PL # C201</b> <b>HOBE SOUND, FL 33455</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>DIRECTOR</b> <b>CLIFF DREW</b> <b>6275 SE CHARLESTON PL</b> <b>Hobe Sound FL 33455</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>PS</b> <b>STONE, ARLENE</b> <b>6236 SE CHARLESTON PL F203</b> <b>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>P</b> <b>PICKNER, PAUL</b> <b>6295 SE CHARLESTON PL AIC5</b> <b>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VPD</b> <b>LARKINS, FRANK</b> <b>6275 SE CHARLESTON PL # B202</b> <b>HOBE SOUND, FL 33455</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>VPD</b> <b>RAYMACK</b> <b>6235 SE CHARLESTON PL</b> <b>Hobe Sound FL 33455</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>D</b> <b>MCDEVITT, JACKIE</b> <b>6295 SE CHARLESTON PL A-102</b> <b>HOBE SOUND, FL 33455</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: Arlene M. Stone</b>				<b>01/21/05</b> <b>772-545-3780</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					