


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90008 030 \*\*\*\*61.25

<b>DOCUMENT # 770175</b> 1. Entity Name <b>CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 6235 6295 SE CHARLESTON PL HOBE SOUND, FL 33455 US				Mailing Address PO BOX STUART, FL 34995 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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				7. Name and Address of New Registered Agent	
<b>CORNETT, JANE</b> <b>401 E OSCEOLA STREET</b> <b>STUART, FL 34994</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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</b> <b>Due by May 1, 2007</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASSIDY, JOHN</b>		NAME		
STREET ADDRESS	<b>6295 SE CHARLESTON PL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND, FL 33455</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DREW, CLIFF</b>		NAME	<b>Raymond E Macik</b>	
STREET ADDRESS	<b>3275 SOUTHEAST CHARLESTON PLACE</b>		STREET ADDRESS	<b>6235 SE Charleston Pl</b>	
CITY - ST - ZIP	<b>HOBE SOUND, FL 33455</b>		CITY - ST - ZIP	<b>Hobe Sound FL 33455</b>	
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	<b>STONE, ARLENE</b>		NAME		
STREET ADDRESS	<b>6236 SE CHARLESTON PL F203</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND, FL 33455</b>		CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PICKNER, PAUL</b>		NAME	<b>PATRICK WALTERS</b>	
STREET ADDRESS	<b>6295 SE CHARLESTON PL AIC5</b>		STREET ADDRESS	<b>6235 SE Charleston Pl</b>	
CITY - ST - ZIP	<b>HOBE SOUND, FL 33455</b>		CITY - ST - ZIP	<b>Hobe Sound FL 33455</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARANGER, DIANE</b>		NAME		
STREET ADDRESS	<b>6235 SE CHARLESTON PL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND, FL 33455</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCDEVITT, JACKIE</b>		NAME	<b>Eugene Martorel</b>	
STREET ADDRESS	<b>6295 SE CHARLESTON PL A-102</b>		STREET ADDRESS	<b>6236 SE Charleston Pl</b>	
CITY - ST - ZIP	<b>HOBE SOUND, FL 33455</b>		CITY - ST - ZIP	<b>Hobe Sound FL 33455</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:</b> <i>Arlene U. Stone</i> <i>Paul Pickner</i> <i>Arlene U. Stone</i> <i>2/27/07</i> <i>772 220 0863</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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</b> <b>401 E OSCEOLA STREET</b> <b>STUART, FL 34994</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Mary Lynn Jensen 6255 SE Charleston Pl Hobe Sound FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JANE CORNETT 401 E OSCEOLA STREET STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JANE CORNETT 401 E OSCEOLA STREET STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #