## 2007 NOT-FOR-PROFIT CORPORATION

## Mar 02, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # 770175 03-02-2007 90008 030 \*\*\*\*61.25 CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6235 6295 SE CHARLESTON PL PO BOX HOBE SOUND, FL 33455 STUART, FL 34995 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2381828 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNETT, JANE **401 E OSCEOLA STREET** Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34994 City Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be $\Box$ Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE TREASURER Change ☐ Addition CASSIDY, JOHN NAME NAME 6295 SE CHARLESTON PL STREET ADDRESS STREET ADDRESS HOBE SOUND, FL 33455 CITY - ST - ZIP City-St-7IE VICE PRESLIDIT TITLE Delete TITLE ☐ Change Addition RAYMOND E MACIC. DREW, CLIFF NAME NAME 3275 SOUTHEAST CHARLESTON PLACE STREET ADDRESS STREET ADDRESS HOBE SOUND, FL 33455 CITY-ST-ZIP CITY-ST-ZIP HobeSound FI 33455 TITLE ☐ Delete TITLE Change ☐ Addition STONE, ARLENE NAME NAME 6236 SE CHARLESTON PL F203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP DIRECTOR VΡ Delete TITLE ☐ Change ☐ Addition TITLE PICKNER, PAUL PATRICK WALTERS NAME NAME 6295 SE CHARLESTON PL AIC5 Hobe Sound Fl 3945 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition SECRETARY GARANGER, DIANE NAME 6235 SE CHARLESTON PL STREET ADDRESS STREET ADDRESS HOBE SOUND, FL 33455 City-St-7IP CITY-ST-7(P DIRECTO TITLE 2 Delete TITLE ☐ Change ☐ Addition MCDEVITT, JACKIE NAME NAME STREET ADDRESS 6295 SE CHARLESTON PL A-102 STREET ADDRESS Hobe Sound F HOBE SOUND, FL 33455 CITY-ST-ZIP CITY-ST-7IP

**FILED** 

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.

SIGNATURE:

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #770175					ATTACHMENT			
1. Entity Nam CHARLE		IDOMINIUM						
6235 6295 SE CHARLESTON PL P		Mailing Address PO BOX			400	274	144	
HORF 200N	D, FL 33455 US	STUART, FL. 34995	US		7 00		, , ,	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007 Ch	g-NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-238182	3	<del></del>	Applied For Not Applica
Zip Country		Zip Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Current Ro	egistered Agent	Name		7. Name and Addr	ess of New Re	gistered Agent	
	T, JANE CEOLA STREET FL 34994				ress (P.O. Box Number is Not Acceptable)			
			City		·············		FL Zip Co	de
	named entity submits this statement for t ions of registered agent.	he purpose of changing its	registered office	or register	ed agent, or both, in t	he State of Flori	ida. I am familiar with	n, and acce
NGNATORE.	Signature, typed or printed name of registered agent and	d trite if applicable, (NOTE	E: Registered Agent sig	Indivine required	when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ke check payable ta Department of S	
0.	OFFICERS AND DIRE	CTORS	11.	Α	DDITIONS/CHANGE	S TO OFFICER	S AND DIRECTORS I	N 10
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