

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90009 050 ****61.25

DOCUMENT # 770175					
1. Entity Name CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.					
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			
Zip	Country	Zip	Country	4. FEI Number 59-2381828	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSIDY, JOHN 6295 SE CHARLESTON PL HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
V MACK, RAYMOND E 6235 SE CHARLESTON PLACE HOBE SOUND, FL 33455	V MACK, RAYMOND E 6235 SE CHARLESTON PLACE HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P STONE, ARLENE 6236 SE CHARLESTON PL F203 HOBE SOUND, FL 33455	P STONE, ARLENE 6236 SE CHARLESTON PL F203 HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D WALTERS, PATRICK 6235 SE CHARLESTON PLACE HOBE SOUND, FL 33455	D WALTERS, PATRICK 6235 SE CHARLESTON PLACE HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S GARANGER, DIANE 6235 SE CHARLESTON PL HOBE SOUND, FL 33455	S GARANGER, DIANE 6235 SE CHARLESTON PL HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D MARTONE, EUGENE 6276 SE CHARLESTON PLACE HOBE SOUND, FL 33455	D MARTONE, EUGENE 6276 SE CHARLESTON PLACE HOBE SOUND, FL 33455		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 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: <u>Arlene M. Stone</u>		ARLENE M. Stone		03-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 772-545-3780	

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ATTACHMENT 40046525
#770175

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ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10

TREASURER
PICKNER, PAUL
6295 SE CHARLESTON PLACE
HOBE SOUND FL 33455