## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 770175** 

FILED Feb 23, 2009 Secretary of State

Entity Name: CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6235 6295 SE CHARLESTON PL HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** PO BOX PO BOX 1494 STUART, FL 34995 US STUART, FL 34995 US FEI Number: 59-2381828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNETT, JANE **401 E OSCEOLA STREET** STUART, FL 34994 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CASSIDY, JOHN Name: Name: 6295 SE CHARLESTON PL Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: MACK, RAYMOND E Name: Address: 6235 SE CHARLESTON PLACE Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: () Delete Title: () Change () Addition STONE, ARLENE Name: Name: 6236 SE CHARLESTON PL F203 Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WALTERS, PATRICK Name: 6235 SE CHARLESTON PLACE Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: Title: () Delete () Change () Addition GARANGER, DIANE Name: Name: 6235 SE CHARLESTON PL Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MARTONE, EUGENE PICKNER, PAUL Name: Name: Address: 6276 SE CHARLESTON PLACE Address: 62795 SE CHARLESTON PLACE HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE M STONE SEC 02/23/2009