FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39123** **(7)**

1. Corporation Name
CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12220 N 56TH ST % VANGUARD MGMT TAMPA FL 33617 US	12220 N 56TH ST % VANGUARD MGMT TAMPA FL 33617 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3080537 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o GREENACRE PROPERTIES INC	26 4131 GUNN HWY
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: TAMPA, FL.	28 City & State: TAMPA, FL.
24 Zip: 33624 25 County: USA	29 Zip: 33624 30 County: USA

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J.
700 N.W. 107TH AVENUE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name: GREENACRE PROPERTIES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 4131 GUNN HWY
83 TAMPA, FL. 33624
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David E. Watsky 3-29-95
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	VON DREELE, WAYNE	12 NAME	MARK BERMAN
STREET ADDRESS	4902 EISENHOWER BLVD	13 STREET ADDRESS	4902 EISENHOWER BLVD., SUITE 100
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	TAMPA, FL. 33634
TITLE	STD	21 TITLE	ST/D ☒ Change ☐ Addition
NAME	~~DWORKIN, JEFFREY~~	22 NAME	ROBERT EVANS
STREET ADDRESS	4902 EISENHOWER BLVD	23 STREET ADDRESS	4902 EISENHOWER BLVD., SUITE 100
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	TAMPA, FL. 33634
TITLE	PD	31 TITLE	V/D ☒ Change ☐ Addition
NAME	DONNELY, DAVID	32 NAME	
STREET ADDRESS	4902 EISENHOWER BLVD	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Berman 3/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Telephone Number

0014321