FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N39123 (7)

1. Corporation Name

CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GREENACRE PROPERTIES. INC % VANGUARD MGMT TAMPA FL 33621 US	4131 GUNN HWY % VANGUARD MGMT TAMPA FL 33624 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 07/16/1990

3a. Date of Last Report: 05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVENS, GAIL E
GREENACRES PROPERTIES, INC
4131 GUNN WAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: GAIL E. FLOWERS, LCAM

82 Street Address (P.O. Box Number is Not Acceptable): GREENACRE PROPERTIES, INC.

83: 4131 GUNN WIGHWAY

84 City: TAMPA FL 85 Zip Code: 33624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gail E. Flowers, LCAM
Signature, typed or printed 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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BERMAN, MARK		1.2 NAME	ERIC HYMOWITZ	
STREET ADDRESS	4902 EISENHOWER BLVD, STE 100		1.3 STREET ADDRESS	4902 EISENHOWER Blvd., Ste 100	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL. 33634	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	EVANS, ROBERT		2.2 NAME	DEBORA L. HUDRLIK	
STREET ADDRESS	4902 EISENHOWER BLVD, STE 100		2.3 STREET ADDRESS	4902 EISENHOWER BLVD., STE 100	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL. 33634	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DONNELY, DAVID		3.2 NAME	TED CHRONIS	
STREET ADDRESS	4902 EISENHOWER BLVD		3.3 STREET ADDRESS	4902 EISENHOWER BLVD., STE 100	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL. 33634	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Debora L Hudrlik 2/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #