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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 07/16/1990
4. FEI Number: 59-3080537 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 4131 GUNN HIGHWAY	Suite, Apt. #, etc. 27 4131 GUNN HIGHWAY
City & State 23 TAMPA, FL.	City & State 28 TAMPA, FL.
Zip / Country 24 33624 / 25 USA	Zip / Country 29 33624 / 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLOWERS, GAIL E. LCAM GREENACRE PROPERTIES, INC 4131 GUNN HIGHWAY TAMPA FL 33624	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HYMOWITZ, ERIC		1.2 NAME	HUDRLIK, DEBORA L.	
STREET ADDRESS	4902 EISENHOWER BLVD STE 100		1.3 STREET ADDRESS	4131 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE	STD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HUDRLIK, DEBORA L.		2.2 NAME	COHILL, WILL	
STREET ADDRESS	4902 EISENHOWER BLVD STE 100		2.3 STREET ADDRESS	4131 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	TAMPA, FL. 33624	
TITLE	VD	☐ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	CHRONIS, TED		3.2 NAME	SECORD, KEITH	
STREET ADDRESS	4902 EISENHOWER BLVD STE 100		3.3 STREET ADDRESS	4131 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL. 33624	
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 (10/97)

14. I hereby certify that the information supplied with this filing 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: Deborah L. Hudrlik **REQUIRED** 1/19/98 813-882-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #