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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39123

1. Corporation Name

**CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION,
INC.**

Principal Place of Business

 C/O GREENACRE PROPERTIES, INC
 4131 GUNN HWY
 TAMPA FL 33624
 US

Mailing Address

 4131 GUNN HWY
 % VANGUARD MGMT
 TAMPA FL 33624
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/16/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3080537	
24 Country		29 Country		30	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent

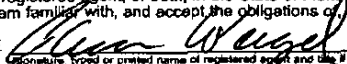
 FLOWERS, GAIL E. LCAM
 GREENACRE PROPERTIES, INC
 4131 GUNN HIGHWAY
 TAMPA FL 33624

10. Name and Address of New Registered Agent

 81 Name **ALICIA WEIGEL, LCAM**
 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


 Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VD	1.1 TITLE	VD
NAME	COHILL, WILL	1.2 NAME	Billie David Glick
STREET ADDRESS	4131 GUNN HWY	1.3 STREET ADDRESS	4131 Gunn Highway
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Tampa 33624
TITLE	PD	2.1 TITLE	PD
NAME	HUDRIK, DEBORA L	2.2 NAME	Connie Belmont
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 33624
TITLE	STD	3.1 TITLE	SD
NAME	SECORD, KEITH	3.2 NAME	Kim Ramer
STREET ADDRESS	4131 GUNN HWY	3.3 STREET ADDRESS	4131 Gunn Highway
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	Tampa 33624
TITLE		4.1 TITLE	FD
NAME		4.2 NAME	Norm Walker
STREET ADDRESS		4.3 STREET ADDRESS	Same
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	2VD
NAME		5.2 NAME	John Wake
STREET ADDRESS		5.3 STREET ADDRESS	Same
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #