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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39123

1. Corporation Name

CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION, INC.

* 319079 - 90040 - 23 *

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

2. Principal Place of Business 21	2a. Mailing Address 25	3. Date Incorporated or Qualified 07/16/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3080537 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. 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: Alicia Weigel 4/5/99
(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	
TITLE	VD	☒ DELETE	1.1 TITLE	VD ☒ Change ☐ Addition
NAME	COHILL, WILL		1.2 NAME	Billye 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	☒ DELETE	2.1 TITLE	PD ☒ Change ☒ Addition
NAME	HUDRLIK, 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	☒ DELETE	3.1 TITLE	SD ☒ Change ☒ Addition
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		☐ DELETE	4.1 TITLE	TD ☒ Change ☐ Addition
NAME			4.2 NAME	Norm Walker
STREET ADDRESS			4.3 STREET ADDRESS	Same
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	2VD ☒ Change ☐ Addition
NAME			5.2 NAME	John Wolfe
STREET ADDRESS			5.3 STREET ADDRESS	Same
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	

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 REQUIRED 1/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #