

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90014 036 \*\*\*\*61.25

**DOCUMENT # N39123**

1. Entity 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  
~~4131 VANGUARD MONY~~ 4131 GUNN HWY  
TAMPA FL 33624  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3080537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sharman Killian, LCAM  
Greenacre Properties, Inc.  
4131 Gunn Highway  
Tampa, FL 33624

Sharman Killian, LCAM  
Greenacre Properties, Inc.  
4131 Gunn Highway  
Tampa, FL 33624

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Sharman Killian*

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

(NOTE: Registered Agent signature required when reinstating)

1/08/02  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD  
NAME: MCKENZIE, MELINDA  
STREET ADDRESS: 4131 GUNN HIGHWAY  
CITY-ST-ZIP: TAMPA FL 33624 ☒ Delete

TITLE: PD  
NAME: Wein, Gary  
STREET ADDRESS: 10110 Charleston Corner Road  
CITY-ST-ZIP: Tampa, FL 33635 ☐ Change ☒ Addition

TITLE: PD  
NAME: BIRD, DAWN  
STREET ADDRESS: 4131 GUNN HIGHWAY  
CITY-ST-ZIP: TAMPA FL 33624 ☒ Delete

TITLE: VD  
NAME: Taylor, John  
STREET ADDRESS: 8608 Cara Parkway  
CITY-ST-ZIP: Tampa, FL 33635 ☐ Change ☒ Addition

TITLE: VP  
NAME: BAKER, SCOTT  
STREET ADDRESS: 8618 CARA PARK WAY  
CITY-ST-ZIP: TAMPA FL 33635 ☒ Delete

TITLE: SD  
NAME: Rychel, Lisa  
STREET ADDRESS: 8503 Poydras Lane  
CITY-ST-ZIP: Tampa, FL 33635 ☐ Change ☒ Addition

TITLE: D  
NAME: LUND, DON  
STREET ADDRESS: 4131 GUNN HIGHWAY  
CITY-ST-ZIP: TAMPA FL 33624 ☒ Delete

TITLE: TD  
NAME: Tran, Danny  
STREET ADDRESS: 9503 Hamlet Lane  
CITY-ST-ZIP: Tampa, FL 33635 ☐ Change ☒ Addition

TITLE: S  
NAME: CHERRY, AUNDREA  
STREET ADDRESS: 8518 POYDRAS LN  
CITY-ST-ZIP: TAMPA FL 33635 ☒ Delete

TITLE: D  
NAME: Cojita, Diane  
STREET ADDRESS: 8505 Bella Way  
CITY-ST-ZIP: Tampa, FL 33635 ☐ Change ☒ Addition

TITLE: D  
NAME: LAWRENCE, JONATHAN  
STREET ADDRESS: 8522 MANASSAS RD  
CITY-ST-ZIP: TAMPA FL 33635 ☒ Delete

TITLE: D  
NAME: Beil, Peggy  
STREET ADDRESS: 8629 Brookway Circle  
CITY-ST-ZIP: Tampa, FL 33635 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sharman Killian*

1/8/02

(813) 727-2558

CR2E037 (9/01)