2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State
03-10-2004 90021 003 ****61.25

DOCUMENT # N39123

1. Entity Name
CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION, INC.

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

01302004 Chg-NP CR2E037 (10/03)

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	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sharman Killian, LCAM 02/01/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11.	DIRECTORS IN 10	
TITLE	~~PD~~	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WEIN, GARY		NAME		
STREET ADDRESS	10110 CHARLESTON CORNER RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	~~VD~~	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	COJITA, DIANE		NAME		
STREET ADDRESS	8505 BELLA WA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RYCHEL, LISA		NAME		
STREET ADDRESS	8503 POYDRAS LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	~~TRAN, DANNY~~		NAME		
STREET ADDRESS	~~9503 HAMLET LANE~~		STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA, FL 33635~~		CITY-ST-ZIP		
TITLE	~~B~~	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SCHEIDER, BILL		NAME		
STREET ADDRESS	10236 CARLESTON CORNER		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	~~D~~	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	~~BEIL, PEGGY~~		NAME		
STREET ADDRESS	~~8629 BROOKWAY CIRCLE~~		STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA, FL 33635~~		CITY-ST-ZIP		

D
Wein, Gary
10110 Charleston Corner Rd.
Tampa, FL 33635

PD
Cojita, Diane
8505 Bella Way
Tampa, FL 33635

TD
Schneider, Bill
10236 Charleston Corner Rd.
Tampa, FL 33635

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: Diane Cojita 2/13/04 813-844-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #