2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90181 031 ****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

01142006 Chg-NP CR2E037 (11/05)

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
MEZER, STEVEN 220 SOUTH FRANKLIN ST TAMPA, FL 33601	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIN, GARY 10110 CHARLESTON CORNER RD TAMPA, FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUGHES, TIFFANY 10235 CHARLESTON CORNERS ROAD TAMPA, FL 33635	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JORDAN LEWIS, III 9658 MANASSAS RD TAMPA, FL 33635	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RYCHEL, LISA 8503 POYDRAS LANE TAMPA, FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHEIDER, BILL 10236 CARLESTON CORNER TAMPA, FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEO JASIULEVICIUS 9732 FREDERICKSBURG RD TAMPA, FL 33635	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHGES, MARK 1235 CHARLESTON CORNERS ROAD TAMPA, FL 33635	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEN JOYCE 9606 FREDERICKSBOND RD TAMPA, FL 33635	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, TIM 8821 SEA ISLAND WAY TAMPA, FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALMA LEE 5616 BROOKWAY CIR. TAMPA, FL 33635	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William A Schreck 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #