2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90107 049 ****61.25

DOCUMENT # N39123

1. Entity Name

CHARLESTON CORNERS PROPERTY OWNERS ASSOCIATION, INC.

90014402

☐ CHECK HERE IF MAKING CHANGES

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	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 01-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 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	VD ~~TAYLOR, JOHN~~ ~~8688 CARA PARKWAY~~ ~~TAMPA FL 33635~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	UPD Diane Cojita 8505 Bella Way 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	TD TRAN, DANNY 9503 HAMLET LANE TAMPA FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~COJITA, DIANE~~ ~~8505 BELLA WAY~~ ~~TAMPA FL 33635~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Bill Schneider 10236 Charleston Corners Tampa 33635 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEIL, PEGGY 8629 BROOKWAY CIRCLE TAMPA FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIM SMITH 8821 SEA ISLAND WAY TAMPA, FL 33635 ☐ Change ☒ Addition

CR2E037 (10/02)

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 LCAM SIRED 1/23/03 813727-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #