

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002336

1. Entity Name

CHARLESTON WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90035 049 ****61.25

Principal Place of Business 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573	Mailing Address 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573-5914
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24301 Walden Center Drive Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL Zip 34134	3. Mailing Address 24301 Walden Center Drive Suite, Apt. #, etc. Suite 300 City & State Bonita Springs, FL Zip 34134	Country USA
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4. FEI Number 59-3431194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BEYER, R C JR
2020 CLUBHOUSE DR
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name **JAMES D. CULLEN**
Street Address (P.O. Box Number is Not Acceptable)
24301 WALDEN CENTER DR.
City **BONITA SPRINGS FL** Zip Code **34134**

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 *James D Cullen* **JAMES D Cullen** 4/20/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEYER, R.C. JR. 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, GARY 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLINN, MILTON 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RILEY, TOM 2020 CLUBHOUSE DR. SUN CITY CENTER, FL. 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James D Cullen* **JAMES D Cullen** 4/19/00 816-747-3911
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)