

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96 00000 2336

1. Entity Name

CHARLESTON WOODS HOME OWNERS ASS, INC

Principal Place of Business

Mailing Address

1708 CHARLESTON WOODS CT.

1708 CHARLESTON WOODS CT.

PLANT CITY, FL 33567-5754

PLANT CITY, FL 33567-5754

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

59-3431194

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

MR. TERENCE LS WILLIAMS

1708 CHARLESTON WOODS CT

PLANT CITY, FL 33567-5754

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.

SIGNATURE

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

TERENCE LS WILLIAMS

(NOTE: Registered Agent signature required when reinstating)

12. 21. 2001

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 PRESIDENT (D) ☐ Delete  
NAME MEDONIA III BATISTA  
STREET ADDRESS 1716 CHARLESTON WOODS CT  
CITY-ST-ZIP PLANT CITY FL 33567

☐ Change ☐ Addition  
400004851184--0  
-01/31/02--01076--009  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
☐ Change ☐ Addition

TITLE V. PRESIDENT (D) ☐ Delete  
NAME STEPHENS KENNETH  
STREET ADDRESS 1705 CHARLESTON WOODS CT.  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SEC & TREASURER (D) ☐ Delete  
NAME WILLIAMS TERENCE LS  
STREET ADDRESS 1708 CHARLESTON WOODS CT  
CITY-ST-ZIP PLANT CITY FL 33567-5754

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TERENCE LS WILLIAMS SEC & TREASURER ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MR. TERENCE LS WILLIAMS (D) 12.21.2001

Date

Daytime Phone #

813-659-2777

CR2E037 (11/00)