2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002336

Entity Name: CHARLESTON WOODS HOMEOWNERS ASSOCIATION, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1708 CHARLESTON WOODS COURT 1707 CHARLESTON WOODS COURT

PLANT CITY, FL 335675754 PLANT CITY, FL 33566

Current Mailing Address: New Mailing Address:

1708 CHARLESTON WOODS COURT 1707 CHARLESTON WOODS COURT

PLANT CITY, FL 335675754 PLANT CITY, FL 33566

FEI Number: 59-3431194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, TERENCE L VERMILLON, OWENS P

1708 CHARLESTON WOODS COURT 1707 CHARLESTON WOODS COURT

PLANT CITY, FL 335675754 PLANT CITY, FL 33566

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: OWENS PAT VERMILLON 04/29/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition

Name: MEDONIA, BATISTA III Name: HIGHTOWER, DEAN

Address: 1716 CHARLESTON WOODS COURT Address: 1705 CHARLESTON WOODS COURT

City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33566

Title: VPD () Delete Title: TRES (X) Change () Addition Name: STEPHENS, KENNETH Name: VERMILLON, OWENS P

Address: 1705 CHARLESTON WOODS COURT Address: 1707 CHARLESTON WOODS COURT

City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33566

Title: STD () Delete Title: SEC (X) Change () Addition

Name: WILLIAMS, TERENCE L Name: SHORTER, VERNON

Address: 1708 CHARLESTON WOODS COURT Address: 1711 CHARLESTON WOODS COURT

City-St-Zip: PLANT CITY, FL 335675754 City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWENS PAT VERMILLON TRES 04/29/2004

Electronic Signature of Signing Officer or Director

Date