2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 770175

Entity Name: CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100 STUART, FL 34994

Current Mailing Address:

C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100 STUART, FL 34994 US

FEI Number: 59-2381828

Name and Address of Current Registered Agent:

ROSS, DEBORAH 789 SOUTH FEDERAL HWY. SUITE 101 STUART, FL 34994 US Certificate of Status Desired: No

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	E DEBORAH ROSS		03/24/202
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	TREASURER
Name	WALTERS, PAT	Name	TRITES, GRACE
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100	Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	VP	Title	SECRETARY
Name	PAOLILLO, BILL	Name	PALMICH, TERRY
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100	Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	DIRECTOR	Title	DIRECTOR
Name	LARKINS, FRANK	Name	PICKNER, MARTI
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100	Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	DIRECTOR		
Name	VASSALLO, LOU		
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE100		
City-State-Zip:	STUART FL 34994		

I hereby 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 all other like empowered.

SIGNATURE: PAT WALTERS

PRESIDENT

03/24/2020

FILED Mar 24, 2020 Secretary of State 2087110056CC