

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770175

**FILED**  
**Apr 02, 2014**  
**Secretary of State**  
**CC8828471949****Entity Name:** CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**6255 SE CHARLESTON PL  
APT. D103  
HOBE SOUND, FL 33455**Current Mailing Address:**PO BOX 1494  
STUART, FL 34995 US**FEI Number: 59-2381828****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS, DEBORAH  
789 SOUTH FEDERAL HWY.  
SUITE 101  
STUART, FL 34994 US*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: DEBORAH ROSS****04/02/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLORIO, ENRICO  
Address        6255 SE CHARLESTON PLACE  
                  #D103  
City-State-Zip: HOBE SOUND FL 33455

Title            DIRECTOR  
Name            WALTERS, MYRA  
Address        6235 SE CHARLESTON PLACE  
                  #G203  
City-State-Zip: HOBE SOUND FL 33455

Title            DIRECTOR  
Name            FUSCO, ERNIE  
Address        6255 SE CHARLESTON PL.# D206  
City-State-Zip: HOBE SOUND FL 33455

Title            TREASURER, VP  
Name            DAWES, DARYL  
Address        6236 SE CHARLESTON PLACE  
                  #F204  
City-State-Zip: HOBE SOUND FL 33455

Title            SECRETARY  
Name            GOODRICH, ILZE  
Address        6276 SE CHARLESTON PLACE  
                  #C203  
City-State-Zip: HOBE SOUND FL 33455

Title            DIRECTOR  
Name            RYAN, ROBERT  
Address        6235 SE CHARLESTON PLACE  
                  #G102  
City-State-Zip: HOBE SOUND FL 33455

*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: ENRICO FLORIO****PRESIDENT****04/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date