

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770175

**FILED**  
**Feb 15, 2023**  
**Secretary of State**  
**7723209709CC****Entity Name:** CHARLESTON ON THE GREEN CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY., SUITE 100  
STUART, FL 34994**Current Mailing Address:**C/O ADVANTAGE PROPERTY MANAGEMENT  
1111 SE FEDERAL HWY., SUITE 100  
STUART, FL 34994 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

02/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	CASSIDY, EUGENE
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994

Title	PRESIDENT
Name	DANIELS, AL
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994

Title	SECRETARY
Name	MCCORMICK, CAROL
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994

Title	TREASURER
Name	TRITES, GRACE
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	KIKKERT, ALICEN
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE 100
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	SAUNDERS, BERNICE
Address	C/O ADVANTAGE PROPERTY MANAGEMENT 1111 SE FEDERAL HWY., SUITE 100
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:** AL DANIELS**PRESIDENT**

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date