

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770175

FILED
Feb 17, 2015
Secretary of State
CC1219759731**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

02/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VP
Name	MACK, RICK
Address	6235 SE CHARLESTON PLACE #G103
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
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: MYRA WALTERS

PRESIDENT

02/17/2015

Electronic Signature of Signing Officer/Director Detail

Date