2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759905

FILED Apr 20, 2009 Secretary of State

Entity Name: CHARLESTON PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 21045 COMMERCIAL TR BOCA RATON, FL 33486 **Current Mailing Address: New Mailing Address:** 21045 COMMERCIAL TR BOCA RATON, FL 33486 FEI Number: 59-2179779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM K. ISAACSON, ISAACSON, WILLIAM AGENT 21045 COMMERCIAL TR 21045 COMMERCIAL TR BOCA RATON, FL 33486 US BOCA RATON, FL 33486 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: ISAACSON, WILLIAM K. 04/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BACHMAN, ANN Name: Name: 5872 BARTRAM ST Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Delete (X) Change () Addition NOIK, JUDGE Name: NOIK, JUDGE Name: Address: 23349 DRAWTON DR Address: 23349 DRAYTON DR City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: () Change () Addition SCHALLER, CAROL Name: Name: Address: 5901 CATESBY ST Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HILL, MICHAEL Name: 23339 ORAVTO N DR Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, ANDREW Name: Name: 5896 CATESBY ST Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUNPHY, KAREN KAYE, JEFF Name: Name: Address: 5913 MICHAUX ST Address: 5906 MICHAUX ST BOCA RATON, FL 33433 BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCHALLER, CAROL S 04/20/2009