


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90013 048 ****61.25

DOCUMENT # 766445		
1. Entity Name CHARLESTON SQUARE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 655 RIOMAR DR VERO BEACH, FL 32963 US	Mailing Address 655 RIOMAR DR VERO BEACH, FL 32963 US
---	---

2. Principal Place of Business 625 RIOMAR DR	3. Mailing Address 625 RIOMAR DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State VERO BEACH, FL.	City & State VERO BEACH, FL.
Zip 32963	Country



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2120363		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STEWART, WILLIAM J 3355 OCEAN DR VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable. (Not required if Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPOINTE, LEE 625 RIOMAR DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEARTFIELD, MARY BETH 615 RIOMAR DR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting Secretary Lee Lapointe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 Riomar Drive Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL, GAYLE 655 RIOMAR DR VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting Treasurer Lee Lapointe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 Riomar Dr. Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, CARL 665 RIOMAR DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2006 772-234-3438
Date Daytime Phone #