2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# 766445

Entity Name: CHARLESTON SQUARE HOMEOWNERS ASSOCIATON, INC.

Current Principal Place of Business:

625 RIOMAR DR
VERO BEACH, FL 32963 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 64-4315
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 59-2120363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, WILLIAM J
3355 OCEAN DR
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAPOINTE, LEE
Address: 625 RIOMAR DR
City-St-Zip: VERO BEACH, FL 32963

Title: S ( ) Delete
Name: LAPOINTE, LEE
Address: 625 RIOMOR DR
City-St-Zip: VERO BEACH, FL 32963

Title: T ( ) Delete
Name: LAPOINTE, LEE
Address: 625 RIOMOR DR
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: LEE LAPOINTE PD 02/18/2009

Electronic Signature of Signing Officer or Director — Date