2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008436

FILED Apr 25, 2009 Secretary of State

Entity Name: NEIGHBORHOOD ASSOCIATION OF CHARLESTON PARK, INC.

Current Principal Place of Business: New Principal Place of Business:

5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608

FEI Number: 13-4239285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANAGEMENT SPECIALISTS

5208 SW 91ST DRIVE

SUITE D

GAINESVILLE, FL 32608 US

CONNER, SARAH AGENT

5208 SW 91ST DRIVE

SUITE D

GAINESVILLE, FL 32608 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: SARAH CONNER, AGENT 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 BRAMBLE, JIM
 Name:
 DOTSON, VIVIAN

 Address:
 11662 NW 19TH PLACE
 Address:
 11540 NW 17TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: T () Delete Title: T (X) Change () Addition
Name: MEKEEL, CONAN Name: THOMAS, LINDSEY
Address: 11537 NW 19TH PLACE Address: 11682 NW 19TH PLACE

Address: 11537 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32606
Address: 11682 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32606
City-St-Zip: GAINESVILLE, FL 32606

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WASKIEWICZ, MIKE
 Name:
 CHRISTIAN, JEANINE

 Address:
 11601 NW 17TH PLACE
 Address:
 11622 NW 19TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

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: VIVIAN DOTSON P 04/25/2009