

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008436

FILED
Apr 14, 2011
Secretary of State

Entity Name: NEIGHBORHOOD ASSOCIATION OF CHARLESTON PARK, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 13-4239285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAGEMENT SPECIALISTS SERVICES
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

MGMNT SPEC SVCS
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: MGMNT SPEC SVCS

04/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: EISENMENGER, DANIELLE
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: GLUCKMAN, MARK
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: HAGER, ANN ELIZABETH
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: VALLERY, MADELYN
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: ARROYO, CAPPI
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

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: MGMNT SPEC SVCS

MGR

04/14/2011

Electronic Signature of Signing Officer or Director

Date