2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003429

Entity Name: THE CHARLESTON HOMEOWNERS' ASSOCIATION, INC.

FILED Apr 17, 2007 Secretary of State

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

5200-C NEWBERRY RD. 4802 SW 85TH AVE GAINESVILLE, FL 32607 GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

C/O REALTY SOLUTIONS OF NORTH SOLUTIONS
4051 NW 43RD ST. SUITE 32
GAINESVILLE, FL 32606

C/O REALTY SOLUTIONS OF NORTH FLORIDA
P.O. BOX 142124
GAINESVILLE, FL 32614

FEI Number: 76-0716623 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:

BRASWELL, JEFFERSON M
ONE S.E. FIRST AVE.
GAINESVILLE, FL 32601 US
TROIANO, KATHLEEN A
4802 SW 85TH AVE
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: KATHIE TROIANO 04/17/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DAUTEL, PETER C
 Name:
 NORDMAN, MARK

 Address:
 5200-C NEWBERRY RD.
 Address:
 15974 NW 48TH PLACE

Address: 5200-C NEWBERRY RD. Address: 15974 NW 48TH PLAC City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: ALACHUA, FL 32615

Title: D () Delete Title: VP (X) Change () Addition Name: DAUTEL, JEFF Name: NEWMAN, JAMES

Address: 5200-C NEWBERRY RD. Address: 15833 NW 48TH PLACE
City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: ALACHUA, FL 32615

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

 Name:
 DAUTEL, JAMES W
 Name:
 SIEG, PATER

 Address:
 60 HARMONY HALL RD.
 Address:
 4439 NW 159TH DR.

 City-St-Zip:
 MIDDLEBURG, FL 32068
 City-St-Zip:
 NEWBERRY, FL 32669

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

 Name:
 Name:
 WAHL, BRENT

 Address:
 Address:
 15652 NW 48TH PLACE

 City-St-Zip:
 City-St-Zip:
 ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK NORDMAN PD 04/17/2007