2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000003429

Entity Name: THE CHARLESTON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4802 SW 85TH AVE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 76-0716623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROIANO, KATHLEEN A
4802 SW 85TH AVE
GAINESVILLE, FL 32608 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: NORDMAN, MARK
Address: 15974 NW 48TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: VP ( ) Delete
Name: NEWMAN, JAMES
Address: 15833 NW 48TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: SIEG, PATER
Address: 4439 NW 159TH DR.
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: WAHL, BRENT
Address: 15652 NW 48TH PLACE
City-St-Zip: ALACHUA, FL 32615

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:

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: MARK NORDMAN PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date