

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004563

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** CHARLESTON RIDGE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

P.O. BOX 13089  
TALLAHASSEE, FL 32317

**FEI Number:** 20-1298450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISAACS, DAN L  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 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: ROBERT S. RHINEHART

03/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LIEBLICK, WILLIAM  
Address: 6045 RICH FARM ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT  
Name: DICKSON, JOHN  
Address: 1320-708 HENDRIX RD  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS  
Name: BERNSTEIN, TONI  
Address: 1320-705 HENDRIX RD  
City-St-Zip: TALLAHASSEE, FL 32301

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: ROBERT S. RHINEHART

RA

03/23/2012

Electronic Signature of Signing Officer or Director

Date