

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006593

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** CHARLESTON OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6815 DAIRY RD  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

6815 DAIRY RD  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 20-1364415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAGGETT, JUDSON B  
6815 DAIRY RD  
ZEPHYRHILLS, FL 33542 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: D ( ) Delete  
Name: BAGGETT, JUDSON B  
Address: 6815 DAIRY RD  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete  
Name: BAGGETT, LINDA K  
Address: 6815 DAIRY RD  
City-St-Zip: ZEPHYRHILLS, FL 33542

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JUDSON B BAGGETT

D

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date