

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90021 022 ****61.25

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1. Entity Name
CHARLESTON PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1731 NW 6TH ST.
STE A
GAINESVILLE, FL 32609**

Mailing Address
**P.O. BOX 14506
GAINESVILLE, FL 32604**

40001100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-1779251

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DBA FLORIDA COMMUNITY MGMT
1731 NW 6TH ST.
GAINESVILLE, FL 32609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME EDWARDS, DORIS
STREET ADDRESS 2267 NW 16TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE P ☐ Change ☒ Addition
NAME MORGAN KRAUSE
STREET ADDRESS 2295 NW 16TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VTD ☒ Delete
NAME McDONALD, PERRY
STREET ADDRESS 2212 NW 16TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE S ☐ Change ☒ Addition
NAME LAURA HURST
STREET ADDRESS 2217 NW 16TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VSD ☒ Delete
NAME SUPKO, CHRISTY
STREET ADDRESS 2217 NW 16TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE T ☐ Change ☒ Addition
NAME MALINDA DOOLEY
STREET ADDRESS 7973 MONTEREY BAY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32265

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Morgan Krause*

MORGAN KRAUSE

4-11-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #