2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N05000001957

Entity Name: CHARLEE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

FEI Number: 26-0110187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURSO, SAMUEL J MD
891 PARTRIDGE COURT
MARCO ISLAND, FL 34145 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: P ( ) Delete
Name: CASTELLANOS, OSCAR
Address: 14688 APALACHEE ST
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete
Name: RODRIGUEZ, SYLVESTRE
Address: 14600 APALACHEE ST.
City-St-Zip: NAPLES, FL 34114

Title: T ( ) Delete
Name: MARTINEZ, EVA
Address: 14548 APALACHEE ST.
City-St-Zip: NAPLES, FL 34114

Title: BD ( ) Delete
Name: GABRIEL, MILDRED
Address: 14680 APALACHEE ST.
City-St-Zip: NAPLES, FL 34114

Title: BD ( ) Delete
Name: CHARELUS, ST. LUC
Address: 14522 ABIAKA WAY
City-St-Zip: NAPLES, FL 34114

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: S (X) Change ( ) Addition
Name: GABRIEL, MILDRED
Address: 14680 APALACHEE ST.
City-St-Zip: NAPLES, FL 34114

Title: AS (X) Change ( ) Addition
Name: CHARELUS, ST. LUC
Address: 14522 ABIAKA WAY
City-St-Zip: NAPLES, FL 34114

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: MILDRED GABRIEL S 01/23/2009

Electronic Signature of Signing Officer or Director — Date