

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2009  
Secretary of State**

DOCUMENT# N05000007243

Entity Name: CHARLESTON SOUTH, INC.

**Current Principal Place of Business:**

1084 6TH AVE N  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1084 6TH AVE N  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 20-8708592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOOD, DOUGLAS A  
1084 6TH AVE N  
NAPLES, FL 34102    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: DV ( ) Delete  
Name: PADLO, LARRY  
Address: 953 18TH AVE S  
City-St-Zip: NAPLES, FL 34102

Title: DP ( ) Delete  
Name: CABRAL, TIM  
Address: 692 PINE CT  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DV (X) Change ( ) Addition  
Name: MCDANIEL, LARRY  
Address: 16 WIDOWS WATCH COURT  
City-St-Zip: OCEAN PINES, MD 21811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST ( ) Change (X) Addition  
Name: ATKINSON, DWIGHT  
Address: 266 MATTAPLEX PLANTATION LN  
City-St-Zip: STEVENSVILLE, MD 21666

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: TIM CABRAL

DP

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date