

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008953

1. Entity Name
CHARLESTON PARK HOA, INC.



Principal Place of Business
5300 S. ORANGE AVE.
ORLANDO, FL 32809

Mailing Address
5300 S. ORANGE AVE.
ORLANDO, FL 32809



01212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-5456396

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRELL, ROBERT S.
5300 S. ORANGE AVE.
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARRELL, ROBERT S
STREET ADDRESS 5300 SOUTH ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE VP
NAME JONES, YOLONDA H
STREET ADDRESS 5300 SOUTH ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE S
NAME DOVE, SHANNA
STREET ADDRESS 5300 SOUTH ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 life empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08 407859200
Date **Daytime Phone #**