

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 07, 2008 8:00 am
Secretary of State

04-07-2008 90068 043 ****61.25

DOCUMENT # N06000012725 1. Entity Name CHARLESTON PARK AT TRADITION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST LUCIE, FL 34987			Mailing Address 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST LUCIE, FL 34987		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number APPLIED FOR 20-8065944	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, JOHN 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST LUCIE, FL 34987				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REILLY, SHAWN 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST LUCIE, FL 34987				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, JIM 10521 SW VILLAGE CENTER DRIVE SUITE 201 PORT ST LUCIE, FL 34987				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
(Empty)					
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: <u><i>[Signature]</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66009963



04042008 Chg-NP CR2E037 (12/06)

FL

Zip Code

4/4/08 772-246-852