

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11315

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** THE CHARLESTON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3015 W. CLEVELAND STREET  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

216 HYDE PARK PLACE  
SUITE  
TAMPA, FL 336062371 US

**New Mailing Address:**

**FEI Number:** 59-2609077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAY RIDGE PROPERTY MANAGEMENT  
216 HYDE PARK PLACE  
SUITE 3  
TAMPA, FL 336062371 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  
Name: MONES, PATRICIA  
Address: 3015 W CLEVELAND #G  
City-St-Zip: TAMPA, FL 33609

Title: S/T  
Name: CHILDRESS, CAROLE  
Address: 3015 W. CLEVELAND #B  
City-St-Zip: TAMPA, FL 33609

Title: V  
Name: DAPONT, GEORGE  
Address: 3015 W. CLEVELAND #J  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: LEVINS, MIKE  
Address: 3015 W. CLEVELAND #F  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA MONES

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date