
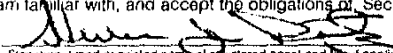
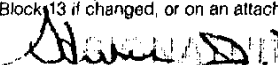


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38230 (1)					
1. Corporation Name CHARLESTON PLACE OF TALLAHASSEE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 508-A CAPITAL CIRCLE, S.E. TALLAHASSEE FL 32301		Mailing Address 1328 PEACEFIELD PLACE TALLAHASSEE FL 32312-3144 US			
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/21/1990	
22 City & State		27 City & State		3a. Date of Last Report 04/22/1996	
23 Zip		28 Zip		4. FEI Number 59-3082775	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent GUIDO, BOB 1328 PEACEFIELD PL TALLAHASSEE FL 32312		10. Name and Address of New Registered Agent 81 Name Rutz, Steven J. 82 Street Address (P.O. Box Number is Not Acceptable) 1316 Peacefield Place 83 84 City Tallahassee FL 85 Zip Code 32312		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE  Steven J. Rutz Director/Treasurer 1/3/97 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input checked="" type="checkbox"/> DELETE			1.1 TITLE DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME RAINEY, RUSS			1.2 NAME Englert, Mitchell R.		
STREET ADDRESS 1312 PEACEFIELD PL			1.3 STREET ADDRESS 1315 Peacefield Place		
CITY - ST - ZIP TALLAHASSEE FL			1.4 CITY - ST - ZIP Tallahassee FL 32312		
TITLE DVP <input checked="" type="checkbox"/> DELETE			2.1 TITLE DVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ENGLERT, MITCHELL R.			2.2 NAME Guido, Bob		
STREET ADDRESS 1315 PEACEFIELD PLACE			2.3 STREET ADDRESS 1328 Peacefield Place		
CITY - ST - ZIP TALLAHASSEE FL			2.4 CITY - ST - ZIP Tallahassee, FL. 32312		
TITLE DS <input checked="" type="checkbox"/> DELETE			3.1 TITLE DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME GUIDO, BOB			3.2 NAME Rutz, Steven J.		
STREET ADDRESS 1328 PEACEFIELD PL			3.3 STREET ADDRESS 1316 Peacefield Place		
CITY - ST - ZIP TALLAHASSEE FL			3.4 CITY - ST - ZIP Tallahassee, FL. 32312		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  Steven J. Rutz 1/3/97 488-3731 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008485					



CR2E037 (9/96)