

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N38230** (1)

1. Corporation Name

**CHARLESTON PLACE OF TALLAHASSEE HOMEOWNERS' ASSO
CIATION, INC.**

Principal Place of Business

Mailing Address

~~508-A CAPITAL CIRCLE S.E.~~
~~TALLAHASSEE FL 32301~~

~~1320 PEACEFIELD PLACE~~
~~TALLAHASSEE FL 32312~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **1316 Peacefield Place**

26 **1316 Peacefield Pl.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

24 Zip Country

29 Zip Country

25 **US**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/21/1990

4. FEI Number

59-3082775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**RUTZ, STEVEN J.
1316 PEACEFIELD PLACE
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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
Signature, typed or printed name of registered agent, and title if applicable

Steven J. Rutz Secretary/Treasurer
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~ ☒ DELETE
NAME **ENGLERT, MITCHELL R.**
STREET ADDRESS **1915 PEACEFIELD PLACE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ~~DUP~~ ☒ DELETE
NAME **GUIDO, BOB**
STREET ADDRESS **1322 PEACEFIELD PLACE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DTS** ☐ DELETE
NAME **RUTZ, STEVEN J.**
STREET ADDRESS **1316 PEACEFIELD PLACE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Guido, Robert**
1.3 STREET ADDRESS **1328 Peacefield Place**
1.4 CITY-ST-ZIP **Tallahassee, FL 32312**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Schoenwalder Timothy**
2.3 STREET ADDRESS **1333 Peacefield Place**
2.4 CITY-ST-ZIP **Tallahassee, FL 32312**

3.1 TITLE **DTS** ☒ Change ☐ Addition
3.2 NAME **(same for other)**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 **Steven J. Rutz** 4/5/98

488-3731

CP2E037 (10/97)