

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90154 002 ****61.25

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DOCUMENT # N38230

1. Corporation Name

CHARLESTON PLACE OF TALLAHASSEE HOMEOWNERS' ASSO
CIATION, INC.

Principal Place of Business

4316 PEACFIELD PL
TALLAHASSEE FL 32312
US

Mailing Address

1316 PEACFIELD PL
TALLAHASSEE FL 32312
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1316 PeaceField Pl	26		05/21/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3082775	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Tallahassee FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32312	29	Country Leon		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RUTZ, STEVEN J. 1316 PEACFIELD 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	BUIDO, ROBERT	1.2 NAME	SCHOENWALDER, TIMOTHY
STREET ADDRESS	1328 PEACE FIELD PL	1.3 STREET ADDRESS	1333 PeaceField PL.
CITY-ST-ZIP	TALLAHASSEE FL 34312	1.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	DVP	2.1 TITLE	DVP
NAME	SCHOENWALDER	2.2 NAME	GLESSON, JIMMY
STREET ADDRESS	13333 PEACFIELD PL	2.3 STREET ADDRESS	1307 PeaceField PL.
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	DT	3.1 TITLE	
NAME	RUTZ, STEVEN J.	3.2 NAME	
STREET ADDRESS	1316 PEACFIELD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)