

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90021 027 ****61.25

DOCUMENT # N39123

1. Entity Name
**CHARLESTON CORNERS PROPERTY OWNERS
ASSOCIATION, INC.**



40048948

Principal Place of Business
**C/O GREENACRE PROPERTIES, INC
4131 GUNN HWY
TAMPA, FL 33624 US**

Mailing Address
**4131 GUNN HWY
% VANGUARD MGMT
TAMPA, FL 33624 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
**4131 GUNN HIGHWAY
TAMPA, FL 33618 US**

3. Mailing Address
Suite, Apt. #, etc.
**4131 GUNN HIGHWAY
TAMPA, FL 33618 US**

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3080537

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**MEZER, STEVEN
220 SOUTH FRANKLIN ST
TAMPA, FL 33601**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASIULEVICIUS, LEO 9732 FREDRICKSBURG RD TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASIULEVICIUS, LEO 9732 FREDERICKSBURG RD TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JORDAN III 8658 MANNSSAS ROAD TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JORDAN III 8658 MANASSAS RD TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYCHEL, LISA 8503 POYDRAS LANE TAMPA, FL 33635 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPLANTE, NYDIA 9619 FREDERICKSBURG RD TAMPA, FL 33635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARWIG, DONALD 8618 BROOKWAY CIR TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARWIG, DONALD 8618 BROOKWAY CIR TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, KEN 9606 FREDERKESBOND RD TAMPA, FL 33635 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARRELL, ROBERT 10228 CHARLESTON CORNER RD TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEE, ALMA 8616 BROOJWAY CIRCLE TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEE, ALMA 8616 BROOKWAY CIR TAMPA, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **2/28/08** **891-0089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #