2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2007 8:00 am Secretary of State DOCUMENT # N44050 1. Entity Name 05-02-2007 90048 037 ****61.25 CHARLESTON PARK NEIGHBORHOOD ASSOCIATION. **INCORPORATED** Principal Place of Business Mailing Address 2541 CHARLESTON PARK DR. 23221 ROUNDISLE CURVE ALVA FL 33920 ALVA FL 33920 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3080357 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROUNDTREE, NETTIE Street Address (P.O. Box Number is Not Acceptable) 23221 AVENUE C ALVA FL 33920 City Zip Codo 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 & applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIFLE CD ☐ Delete IIIIE ☐ Addition ☐ Change NAME NEAL, FRANK NAME STREET ADDRESS 23201 AVENUE D STREET ADDRESS CVIY-ST-ZIP CITY-ST-ZIP ALVA FL 33920 TITLE VCD ☐ Delete TITLE ☐ Change Addition NAME ROUNDTREE, NETTIE NAME STREET ADDRESS 23221 AVENUE C STREET ADDRESS CITY-ST-ZIP ALVA FL 33920 CHY-ST-7P diii. Delete secretary Addition THE Change NAME NAME Benny Lee Washington 33080 Solomon Drive **OUTLAW, CHRISTINE** STREET ADDRESS STREET ADDRESS 2531 CHARLESTON PARK DR. CHY-ST-7IP CHY-ST-ZIP **ALVA FL 33920** TITLE ☐ Delete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP HILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7(P MILE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. 4/21/07 239-724-3395 OUNdthee