

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51433

FILED
Apr 13, 2008
Secretary of State

Entity Name: LAKE CHARLESTON HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1712 COLONIAL COURT
FT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

1712 COLONIAL COURT
FT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3272424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DRIVE
SUITE 1014
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICH, DARRYL L
Address: 1227 CHARLESTON CIRCLE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: VP () Delete
Name: MCDANIEL, TAMMY L
Address: 1704 COLONIAL COURT
City-St-Zip: FT WALTON BEACH, FL 32547

Title: T () Delete
Name: GRAY, DAVID M
Address: 1712 COLONIAL COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ST () Delete
Name: LAMKIN, JENNIFER
Address: 1702 COLONIAL COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. GRAY

T

04/13/2008

Electronic Signature of Signing Officer or Director

Date