


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90079 022 ****61.25

DOCUMENT # N94000001501					
1. Entity Name THE ISLANDS OF CHARLESTON SHORES AT LAKE CHARLESTON ASSOCIATION, INC.					
Principal Place of Business 2328 S. CONGRESS AVE. SUITE 1C WEST PALM BEACH, FL 33406			Mailing Address 2328 S. CONGRESS AVE. SUITE 1C WEST PALM BEACH, FL 33406		
2. Principal Place of Business - No P.O. Box # 1375 GATEWAY Blvd		3. Mailing Address C/O Victory Acctg Service P.O. Box 243399		04052007 Chg-NP CR2E037 (12/06)	
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 65-0526717	
Zip 33426		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLEY, V. DONALD P.A. 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name: Vicki Feicht Street Address (P.O. Box Number is Not Acceptable): 1375 GATEWAY Blvd City: Boynton Beach FL Zip Code: 33426		
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: <u>Vicki Feicht</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	VD ROSENTHAL, DAVID 6861 TERCH KEY ST LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAREN Folino 7192 Key Largo Way LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VITERI, TEODORO 7132 CRAW KEY WAY LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACK BATTAGLIA 6830 Torch Key St LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELENSON, JOAN L 6862 BIG PINE KEY ST LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBIN DeMello 6828 Long Key St LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARK Kristofik 6922 Big Pine Key St LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: <u>Karen A. Folino, President Islands HOA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					