

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90032 009 \*\*\*\*61.25

**40042292**



01252005 Chg-NP CR2E037 (10/03)

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # N94000001503</b><br>1. Entity Name<br><b>THE REEF OF CHARLESTON SHORES AT LAKE CHARLESTON ASSOCIATION, INC.</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>C/O DICKINSON MGT<br/>400 TONEY PENNA DR<br/>JUPITER, FL 33458 US</b>   |   |  | Mailing Address<br><b>C/O DICKINSON MGT<br/>400 TONEY PENNA DR<br/>JUPITER, FL 33458 US</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |  |
| City & State  |   | City & State   |   |  |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br><b>65-0526480</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VAUGHN, DAVID<br/>DICKINSON MANAGEMENT<br/>400 TONEY PENNA DR<br/>JUPITER, FL 33458</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Dickinson Management, Inc.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>400 Toney Penna Drive</b><br>City <b>Jupiter</b> <b>FL</b> Zip Code <b>33458</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to:</b><br><b>Florida Department of State</b>   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD<br/>BOYLSON, KELLEY<br/>6804 RED REEF ST<br/>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>Scott Kirsche<br/>6798 Red Reef Street<br/>Lake Worth, FL 33467</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>MAITIN, STEVEN<br/>6688 RED REEF ST.<br/>LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD<br/>DOLEMOUNT, CHRISTINA<br/>6761 RED REEF STREET<br/>LAKE WORTH, FL 33467</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>ALBERTIN, JONATHAN<br/>6712 RED REEF ST<br/>LAKE WORTH, FL 33467</b> <input checked="" type="checkbox"/> Delete        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BORISWITZ, YVONNE<br/>6792 RED REEF ST<br/>LAKE WORTH, FL 33467</b> <input checked="" type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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. |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | <b>2/28/05</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #  |  |  |