

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90014 028 \*\*\*\*61.25

|                                                                      |                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N95000000160</b>                                       |  |
| 1. Entity Name<br><b>CHARLOMA PROPERTY OWNERS' ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>5838 CHARLOMA DR.<br/>LAKELAND FL 33813<br/>US</b> | Mailing Address<br><b>5838 CHARLOMA DR.<br/>LAKELAND FL 33813<br/>US</b> |
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|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

1st MOORE CR2E037 (10/07)

|              |              |                                    |                                         |
|--------------|--------------|------------------------------------|-----------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-3399897</b> | Applied For<br><input type="checkbox"/> |
| Zip          | Country      | Zip                                | Country                                 |

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                          |                                                                                                                                                |
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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MARTIN, E. SNOW JR.<br/>200 LAKE MORTON DRIVE<br/>LAKELAND FL 33801</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name, of registered agent and if not applicable, (NOTE: Registered Agent signature required with reinstatement)

|                                                              |                                                                                     |                                    |                                                              |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>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 | PD<br>KESLING, DON<br>5935 CHAPS DR.<br>LAKELAND FL 33813<br><input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT<br>GHERMAN, SERGIU<br>5878 CHAPS DRIVE<br>LAKELAND FL 33813<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JULIUS, ROB<br>5949 CHARLOMA DR.<br>LAKELAND FL 33813<br><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 | STD<br>BAKER, LORRAINE E<br>5838 CHARLOMA DR<br>LAKELAND FL 33813<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STD<br>SOMMERS, DONNA<br>6076 CHARLOMA DR<br>LAKELAND FL 33813<br><input checked="" 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                                                                                     |
| 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                                                                                     |
| 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 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 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: *Lorraine E Baker* TREAS. 2/18/08 863648-5046