

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000160

FILED
Feb 08, 2009
Secretary of State

Entity Name: CHARLOMA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5949 CHARLOMA DR.
LAKELAND, FL 33812 US

New Principal Place of Business:

Current Mailing Address:

5949 CHARLOMA DR.
LAKELAND, FL 33812 US

New Mailing Address:

FEI Number: 59-3399897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, E. SNOW JR.
200 LAKE MORTON DRIVE
LAKELAND, FL 33801 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: P () Delete
Name: JULIUS, ROBERT
Address: 5949 CHARLOMA DR
City-St-Zip: LAKELAND, FL 33812

Title: VD () Delete
Name: MIGUEZ, CARLOS
Address: 5851 CHARLOMA DR.
City-St-Zip: LAKELAND, FL 33812

Title: TD () Delete
Name: SOMMERS, DONNA
Address: 6076 CHARLOMA DR
City-St-Zip: LAKELAND, FL 33812

Title: SD () Delete
Name: SALISBURY, KARIN
Address: 5902 CHARLOMA DR
City-St-Zip: LAKELAND, FL 33812

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: ROBERT JULIUS

P

02/08/2009

Electronic Signature of Signing Officer or Director

Date