

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002570

FILED
Feb 19, 2009
Secretary of State

Entity Name: CHARLESTON OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

106 NE CHARLESTON OAKS DR.
PT. ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

106 NE CHARLESTON OAKS DR.
PT. ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0680287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERPENING, SHERRY
106 NE CHARLESTON OAKS DR.
PT. ST. LUCIE, FL 34983 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: D () Delete
Name: TERPENING, JAMES P
Address: 2980 S 25TH STREET
City-St-Zip: FT PIERCE, FL 34981

Title: D (X) Delete
Name: ROBERTS, J. HAL JR
Address: 105 NE CHARLESTON OAKS DR.
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: PD () Delete
Name: TERPENING, SHERRY
Address: 106 N.E. CHARLESTON OAKS DR.
City-St-Zip: PT. ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOGAL, CHRISTOPHER P
Address: 2112 S US HIGHWAY 1
City-St-Zip: FT PIERCE, FL 34950

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

Title: D (X) Change () Addition
Name: TERPENING, SHERRY
Address: 106 N.E. CHARLESTON OAKS DR.
City-St-Zip: PT. ST. LUCIE, FL 34983

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: CHRISTOPHER FOGAL

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date