

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002570

**FILED**  
**Apr 28, 2010**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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  
Name: FOGAL, CHRISTOPHER E  
Address: 102 NE CHARLESTON OAKS DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER E FOGAL

D

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date