


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90281 014 ****61.25

DOCUMENT # N96000005469			
1. Entity Name CHARLESTON SQUARE CONDOMINIUM ASSOCIATION OF NAPLES, INC.			
Principal Place of Business 840 111TH AVE N #9 NAPLES, FL 34108		Mailing Address 840 111TH AVE N #9 NAPLES, FL 34108	
2. Principal Place of Business <i>1315 Charleston Square Dr</i>		3. Mailing Address <i>1315 Charleston Square Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Naples Florida</i>		City & State <i>Naples Florida</i>	
Zip <i>34110</i>	Country <i>Collier</i>	Zip <i>34110</i>	Country <i>Collier</i>
4. FEI Number 65-0751476		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARADISE PROPERTY MANAGEMENT GROUP, INC 840 111TH AVE N. SUITE #9 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name <i>Charleston Square Condo Association</i> Street Address (P.O. Box Number is Not Acceptable) <i>1315 Charleston Square Dr</i> City <i>Naples</i> FL Zip Code <i>34110</i>	
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 <i>Dodie Duhaime</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUGHES, CHARLES 1340 #202 CHARLESTON SQ. DR. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARTHA WARD 1320 Charleston Square Dr. #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELA, JACK 1345 CHARLESTON SQ DR #102 NAPLES, FL 34190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DODIE DUHAME 1335 Charleston Square Dr. #101 NAPLES, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARD, MARTHA 1320 CHARLESTON SQ. DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary YICI NABVIT 1335 Charleston Square Dr #202 Naples, Florida 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, PAT 1340 #102 CHARLESTON SQ. DR. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ALLAN RATHWELL 1345 Charleston Square Dr #202 Naples, Florida 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, GARY 1340 #104 CHARLESTON SQ. DR. NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER BELA, JACK 1345 Charleston Square Dr #102 Naples, Florida 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>Dodie Duhaime</i>		Date <i>4/20/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	