

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90086 006 \*\*\*\*61.25

**DOCUMENT # N96000005469**  
 1. Entity Name  
 CHARLESTON SQUARE CONDOMINIUM ASSOCIATION OF NAPLES, INC.



Principal Place of Business  
 1315 CHARLESTON SQUARE DR  
 NAPLES, FL 34110

Mailing Address  
 1315 CHARLESTON SQUARE DR  
 NAPLES, FL 34110



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-0751476 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHARLESTON SQ CONDO ASSOC  
 1315 CHARLESTON SQUARE DR  
 NAPLES, FL 34110

7. Name and Address of New Registered Agent  
 Name: ROBERT T. GRACEY  
 Street Address (P.O. Box Number is Not Acceptable): 187 FOREST LAKES BLVD  
 City: NAPLES FL Zip Code: 34105

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: Robert T. Gracey DATE: 4/14/07  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$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: P NAME: DUHAIME, DODIE STREET ADDRESS: 1335 CHARLESTON SQ 101 CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: BRAND, MARC STREET ADDRESS: 1310 CHARLESTON SQ DR #103 CITY-ST-ZIP: NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: BURNS, BARBARA STREET ADDRESS: 1310 CHARLESTON SQ DR 104 CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: TINGLEY, DAVID STREET ADDRESS: 1310 CHARLESTON SQ DR #103 CITY-ST-ZIP: NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: WARD, MARTHA STREET ADDRESS: 1320 CHARLESTON SQ. DR. #101 CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: BURNS, GARY STREET ADDRESS: 1310 CHARLESTON SQ. DR. #104 CITY-ST-ZIP: NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: DUHAIME, DODIE STREET ADDRESS: 1335 CHARLESTON SQUARE DR #101 CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: COOK, MARILYN STREET ADDRESS: 1310 CHARLESTON SQ. DR #203 CITY-ST-ZIP: NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: NADVIT, VICI STREET ADDRESS: 1335 CHARLESTON SQUAR DR #202 CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: HIRSCHBACK, LESTER STREET ADDRESS: 1340 CHARLESTON SQ DR #101 CITY-ST-ZIP: NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" 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 exemptions contained 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 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: [Signature] DATE: 4-13-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #