

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 11, 2011
Secretary of State

Entity Name: CHARLESTON SQUARE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD.
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105

New Mailing Address:

P. O. BOX 10971
NAPLES, FL 34101

FEI Number: 65-0751476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 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: VP
Name: BRANDT, MARC
Address: 1310 CHARLESTON SQ DR #103
City-St-Zip: NAPLES, FL 34110

Title: VP
Name: TINGLEY, DAVID
Address: 1320 CHARLESTON SQ DR #103
City-St-Zip: NAPLES, FL 34110

Title: T
Name: GUITTARI, JACQUELINE
Address: 1310 CHARLESTON SQ DR #201
City-St-Zip: NAPLES, FL 34110

Title: DS
Name: WILLIAMSON, MARGARET
Address: 1310 CHARLESTON SQ DR #102
City-St-Zip: NAPLES, FL 34110

Title: PRES
Name: GENTZLE, MICHAEL
Address: 1340 CHARLESTON SQ DR #202
City-St-Zip: NAPLES, FL 34110

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: JOHN LADNER

MGMT

03/11/2011

Electronic Signature of Signing Officer or Director

Date