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

FILLD
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90022 047 ****61 25

DOCUMENT # N98000003326 CHARLESTON COURT AT ABACOA HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1930 COMMERCE LANE 1930 COMMERCE LANE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 65-0843779 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INGLIS, STEVE 1930 COMMERCE LANE Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33458 City Zip Code FI 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE Change CHRISTOPHER, PAUL NAME NAME 248 HURRAY CT STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP PARA Change ☐ Addition TITLE ☐ Delete TITLE HOTCHKISS, JAMES NAME NAME 1955 WEST FEDERAL SMALL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP D TUTLE Delete TITLE Change ☐ Addition MAER, WILLIAM NAME NAME STREET ADDRESS 7424 SW 128TH CT STREET ADDRESS City-ST-7IP CITY-\$1-ZIP MIAMI, FL 33183 VΡ TITLE Change Addition TITLE Delete CANAVAN, PETER NAME NAME STREET ADDRESS 342 LEGAER CT STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 it 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AN

262-8364 Davime Phone #