

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001638

FILED
Mar 06, 2009
Secretary of State

Entity Name: CHARLESTON PARK HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1532 RIO DE JANIERO
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 380758
MURDOCK, FL 329380758 US

New Mailing Address:

FEI Number: 30-0310321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISTINE, WISHARD MANAGER
1532 RIO DE JANIERO
2180 W SR 434, SUITE 5000
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

KRISTINE, WISHARD
1532 RIO DE JANIERO
PUNTA GORDA, FL 33983 US

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: KRISTINE WISHARD

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANGERO, KAREN
Address: 2470 CHARLESTON PARK DR
City-St-Zip: NORTH PORT, FL 34287

Title: VPD () Delete
Name: REMSEN, DANIEL
Address: 2444 JASMINE WAY
City-St-Zip: NORTH PORT, FL 34287

Title: SD () Delete
Name: CALITRI, JOSEPH
Address: 2399 CHARLESTON PARK DR
City-St-Zip: NORTH PORT, FL 34287

Title: TD () Delete
Name: TABOR, MARCEL
Address: 2540 JASMINE WAY
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: BLASHINSKY, ALAN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CANGERO, KAREN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: TD (X) Change () Addition
Name: REMSEN, DANIEL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: SD (X) Change () Addition
Name: CALITRI, JOSEPH
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: PD (X) Change () Addition
Name: TABOR, MARCEL
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARCEL TABOR

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date