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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746522 (2)

1. Corporation Name

CHARTER POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4373 FERN CREEK DR
JACKSONVILLE FL 32277
US4373 FERN CREEK DR
JACKSONVILLE FL 32277-1126
US3. Date Incorporated or Qualified
03/30/19793a. Date of Last Report
01/30/19964. FEI Number
51-0189672Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURTTS, RICHARD E
4373 FERN CREEK DR
JACKSONVILLE FL 32277

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WARD, MICKEY
STREET ADDRESS 4462 RIVER TRAIL ROAD
CITY-ST-ZIP JACKSONVILLE FL☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VP
NAME MAZER, BARBARA
STREET ADDRESS 4542 OAK BAY DR W
CITY-ST-ZIP JACKSONVILLE FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE PD
NAME LEDDON, CHARLES
STREET ADDRESS 4323 FERN CREEK DR.
CITY-ST-ZIP JACKSONVILLE FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE S
NAME CHARTRAND, NANCY
STREET ADDRESS 4575 OAK BAY DR W
CITY-ST-ZIP JACKSONVILLE FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD
NAME KURTTS, RICK
STREET ADDRESS 4373 FERN CREEK DR
CITY-ST-ZIP JACKSONVILLE FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE S
NAME BUCKNER, MARIE
STREET ADDRESS 4492 OAK BAY DRIVE WEST
CITY-ST-ZIP JACKSONVILLE FL☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director
Richard E Kurtts 4/15/97 7450046 904

Date

Daytime Phone # 0007099

CR2E037 (9/96)