


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90016 034 \*\*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746522

1. Corporation Name

CHARTER POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business

4499 CHARTER POINT BLVD  
JACKSONVILLE FL 32277-1027  
US

Mailing Address

4499 CHARTER POINT BLVD  
JACKSONVILLE FL 32277-1027  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/30/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		51-0189672	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUEY, BOBBY R.  
4499 CHARTER POINT BLVD  
JACKSONVILLE FL 32277-1027

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESCOCK, CAROL	1.2 NAME	
STREET ADDRESS	4534 OAK BAY DR. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZER, BARBARA	2.2 NAME	
STREET ADDRESS	4542 OAK BAY DR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGETT, KAYE	3.2 NAME	
STREET ADDRESS	4476 FERN CREEK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEY, BOBBY	4.2 NAME	
STREET ADDRESS	4499 CHARTER POINT BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-1027	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, JEFFERY	5.2 NAME	
STREET ADDRESS	4463 CHARTER POINT BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277-1027	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: BOBBY R. HUEY

1/12/99

(904) 743-9837

Date:

Daytime Phone #