

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746522

1. Entity Name

CHARTER POINT COMMUNITY ASSOCIATION, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90072 014 ****61.25

Principal Place of Business

Mailing Address

4499 CHARTER POINT BLVD
JACKSONVILLE FL 32277-1027
US

4499 CHARTER POINT BLVD
JACKSONVILLE FL 32277-1027
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0189672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME HESCOCK, CAROL
STREET ADDRESS 4534 OAK BAY DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE PD ☒ Change ☐ Addition
NAME BORG, RODY
STREET ADDRESS 4304 FERN CREEK DR
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE VP ☒ Delete
NAME MAZER, BARBARA
STREET ADDRESS 4542 OAK BAY DR W
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE VPD ☒ Change ☐ Addition
NAME HESCOCK, CAROL
STREET ADDRESS 4534 OAK BAY DR. W
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE S ☒ Delete
NAME HARGETT, KAYE
STREET ADDRESS 4476 FERN CREEK DR.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE SD ☒ Change ☐ Addition
NAME TINSLEY, NANCY
STREET ADDRESS 5478 RIVER TRAIL RD. N
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE TD ☐ Delete
NAME HUEY, BOBBY
STREET ADDRESS 4499 CHARTER POINT BLVD
CITY-ST-ZIP JACKSONVILLE FL 32277-1027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME BOYD, JEFFERY
STREET ADDRESS 4463 CHARTER POINT BLVD
CITY-ST-ZIP JACKSONVILLE FL 32277-1027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY R. HUEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00 (904) 743-9837

Date Daytime Phone #

CR2E037 (9/99)