

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746522

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0189672

Applied For

Not Applicable

Zip

Country

Zip

Country

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 BORG, RODY  
STREET ADDRESS 4304 FERN CREEK DR  
CITY-ST-ZIP JACKSONVILLE FL 32277

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

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

TITLE ☒ Change ☐ Addition  
NAME NPD  
STREET ADDRESS EVANS, LAWRENCE  
CITY-ST-ZIP 5356 OAK BAY DRIVE  
JACKSONVILLE, FL 32277

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

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS FISHER, ALICE  
CITY-ST-ZIP 5469 RIVER TRAIL ROAD  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/26/01 (904) 743-9837  
Date Daytime Phone #

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90445 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)