

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                   |                                                                                   |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> N03000006487<br><b>1. Entity Name</b><br>CHAFFEE POINT OWNERS ASSOCIATION, INC. |  |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                   |                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1301 RIVERPLACE BLVD., SUITE 1840<br>JACKSONVILLE, FL 32207 | <b>Mailing Address</b><br>1301 RIVERPLACE BLVD., SUITE 1840<br>JACKSONVILLE, FL 32207 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|



01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                        |                                                               |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>20-0121427                                                                     | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                               |

**6. Name and Address of Current Registered Agent**

TYRE, WARREN A  
1301 RIVERPLACE BLVD., SUITE 1840  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                        |                                |
|------------------------|--------------------------------|
| <b>TITLE</b>           | PD                             |
| <b>NAME</b>            | PEARSON, WALLACE E             |
| <b>STREET ADDRESS</b>  | PO BOX 203                     |
| <b>CITY - ST - ZIP</b> | JACKSONVILLE, FL 32220         |
| <b>TITLE</b>           | DVPT                           |
| <b>NAME</b>            | PEARSON, CHERRIE A             |
| <b>STREET ADDRESS</b>  | PO BOX 203                     |
| <b>CITY - ST - ZIP</b> | JACKSONVILLE, FL 32220         |
| <b>TITLE</b>           | DVPS                           |
| <b>NAME</b>            | TYRE, WARREN A                 |
| <b>STREET ADDRESS</b>  | 1301 RIVERPLACE BLVD. STE 1840 |
| <b>CITY - ST - ZIP</b> | JACKSONVILLE, FL 32207         |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |

**DO NOT WRITE  
IN THIS SPACE**

**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:** Warren A. Tyre  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05 904/398-5100  
Date Daytime Phone #