

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000006487 1. Entity Name CHAFFEE POINT OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1301 RIVERPLACE BLVD., SUITE 1840 JACKSONVILLE, FL 32207	Mailing Address 1301 RIVERPLACE BLVD., SUITE 1840 JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0121427	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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

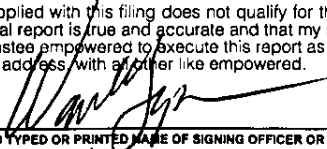
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, WALLACE E PO BOX 203 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT PEARSON, CHERRIE A PO BOX 203 JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS TYRE, WARREN A 1301 RIVERPLACE BLVD. STE 1840 JACKSONVILLE, FL 32207
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U00000829741
02/26/08-80053-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/08 **904-398-5100**
Date Daytime Phone #