

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746522

Entity Name: CHARTER POINT COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**4499 CHARTER POINT BLVD
JACKSONVILLE, FL 32277-1027**Current Mailing Address:**4499 CHARTER POINT BLVD
JACKSONVILLE, FL 32277-1027 US**FEI Number:** 51-0189672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUEY, BOBBY R
4499 CHARTER POINT BLVD
JACKSONVILLE, FL 32277-1027 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	REHBERG, LINDA
Address	5481 FERN CREEK DR. N
City-State-Zip:	JACKSONVILLE FL 32277

Title	VPD
Name	BARLETTA, ROBERT
Address	4432 FERN CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32277

Title	TD
Name	HUEY, BOBBY R
Address	4499 CHARTER POINT BLVD
City-State-Zip:	JACKSONVILLE FL 32277-1027

Title	SD
Name	HEMPHILL, LINDA
Address	5487 RIVER TRAIL N
City-State-Zip:	JACKSONVILLE FL 32277

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOBBY R. HUEY**TREASURER****04/07/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date