

**2024 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 LENGYEL, JUSTIN  
Address 4444 FERN CREEK DR.  
City-State-Zip: JACKSONVILLE FL 32277

Title VPD  
Name ANGLIN, MARION  
Address 5397 OAK BAY DR. N  
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 CHARTER POINT COMMUNITY ASSOCIATION  
Address 4499 CHARTER POINT BLVD  
City-State-Zip: JACKSONVILLE FL 32277-1027

*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**

**04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date