FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:55

DOCUMENT # 746522 (2)

1. Corporation Name
CHARTER POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4323 FERN CREEK DRIVE JACKSONVILLE FL 32211	4323 FERN CREEK DRIVE JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 51-0189672 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHARTRAND, NANCY
4575 OAK BAY DR W
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: BUCKNER, MARIE
82 Street Address (P.O. Box Number is Not Acceptable): 4492 OAK BAY DRIVE W.
83
84 City: JACKSONVILLE, FL 85 Zip Code: 32277

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Marie Buckner Marie Buckner - Secretary 3/29/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	WARD, MICKEY	1.2 NAME	LEDDON, CHARLES	
STREET ADDRESS	4462 RIVER TRAIL ROAD	1.3 STREET ADDRESS	4323 FERN CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL.	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	MAZER, BARBARA	2.2 NAME	SAME	
STREET ADDRESS	4542 OAK BAY DR W	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	LEDDON, CHARLES	3.2 NAME	KURTTS, RICK	
STREET ADDRESS	4323 FERN CREEK DR.	3.3 STREET ADDRESS	4373 FERN CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	S	4.1 TITLE	S	☐ Change ☐ Addition
NAME	CHARTRAND, NANCY	4.2 NAME	BUCKNER, MARIE	
STREET ADDRESS	4575 OAK BAY DR W	4.3 STREET ADDRESS	4492 OAK BAY DRIVE W.	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie Buckner Marie Buckner 3/28/95 (904) 398-1363
SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR Date Daytime Phone #