

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 746522 (2)

1. Corporation Name

CHARTER POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business

4323 FERN CREEK DRIVE  
JACKSONVILLE FL 32211

Mailing Address

4323 FERN CREEK DRIVE  
JACKSONVILLE FL 32211



3. Date incorporated or Qualified  
03/30/1979

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 4373 FERN CREEK DRIVE

26

Suite, Apt. #, etc.

27

4373 FERN CREEK DRIVE

22

City & State

City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Country

Zip

Country

24 32277

25

29 32277

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCKNER, MARIE  
4492 OAK BAY DRIVE WEST  
JACKSONVILLE FL 32277

81

Name RICHARD E. KURTTS

82

Street Address (P.O. Box Number is Not Acceptable)  
4373 FERN CREEK DRIVE

83

84

City JACKSONVILLE

FL

85

Zip Code 32277

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Richard E. Kurtts*

RICHARD E. KURTTS

1/24/96

(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 ☐ DELETE  
NAME WARD, MICKEY  
STREET ADDRESS 4462 RIVER TRAIL ROAD  
CITY-ST-ZIP JACKSONVILLE FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME MAZER, BARBARA  
STREET ADDRESS 4542 OAK BAY DR W  
CITY-ST-ZIP JACKSONVILLE FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME LEDDON, CHARLES  
STREET ADDRESS 4323 FERN CREEK DR.  
CITY-ST-ZIP JACKSONVILLE FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME CHARTRAND, NANCY  
STREET ADDRESS 4575 OAK BAY DR W  
CITY-ST-ZIP JACKSONVILLE FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME KURTTS, RICK  
STREET ADDRESS 4373 FERN CREEK DR  
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME BUCKNER, MARIE  
STREET ADDRESS 4492 OAK BAY DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE FL

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*Richard E. Kurtts* RICHARD E. KURTTS

1/24/96

904-745-0046

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)