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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
4499 CHARTER POINT BLVD. JACKSONVILL, FL 32277-1027 US	4499 CHARTER POINT BLVD JACKSONVILLE, FL 32277-1027 US

3. Date Incorporated or Qualified: 03/30/79

4. FEI Number: 51-0189672 ☐ Applied For ☐ Not Applicable

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 / Country 24 / 25	Zip / Country 29 / 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KURTTS, RICHARD E. 4373 FERN CREEK DR JACKSONVILLE, FL 32277	81 Name: HUEY, BOBBY R. 82 Street Address (P.O. Box Number is Not Acceptable): 4499 CHARTER POINT BLVD 83 84 City: JACKSONVILLE FL 85 Zip Code: 32277-1027

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: Bobby R. Huey, BOBBY R. HUEY, TREASURER — 6/10/98
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	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	WARD. MICKEY		1.2 NAME	HESCOCK, CAROL	
STREET ADDRESS	4462 RIVER TRAIL RD		1.3 STREET ADDRESS	4534 OAK BAY DR. W	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	VP	DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	MAZER, BARBARA		2.2 NAME	MAZER, BARBARA	
STREET ADDRESS	4542 OAK BAY DR W.		2.3 STREET ADDRESS	4542 OAK BAY DR. W	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	PD	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	LEDDON, CHARLES		3.2 NAME	HARGETT, KAYE	
STREET ADDRESS	4323 FERN CREEK DR		3.3 STREET ADDRESS	[redacted] 4476 FERN CREEK DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	S	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	HAARTRAND, NANCY		4.2 NAME	HUEY, BOBBY R.	
STREET ADDRESS	4575 OAK BAY DR.W		4.3 STREET ADDRESS	4499 CHARTER POINT BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	TD	☒ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	KURTTS, RICK		5.2 NAME	JEFFERY BOYD	
STREET ADDRESS	4373 FERN CREEK DR		5.3 STREET ADDRESS	4463 CHARTER POINT BLVD	
CITY-ST-ZIP	JACKSONVILL, FL 32277		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	S	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUCKNER, MARIE		6.2 NAME	300002582683	
STREET ADDRESS	4492 OAK BAY DRIVE W		6.3 STREET ADDRESS	-07/08/98--01040--001	
CITY-ST-ZIP	JACKSONVILLE, FL 32277		6.4 CITY-ST-ZIP	***61.25	

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CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bobby R. Huey, BOBBY R. HUEY — 6/10/98 — (904)743-9837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #