

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746522

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHARTER POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4499 CHARTER POINT BLVD
JACKSONVILLE, FL 322771027 US

New Principal Place of Business:

Current Mailing Address:

4499 CHARTER POINT BLVD
JACKSONVILLE, FL 322771027 US

New Mailing Address:

FEI Number: 51-0189672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUEY, BOBBY R
4499 CHARTER POINT BLVD
JACKSONVILLE, FL 322771027 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEMPHILL, LINDA
Address: 5487 RIVER TRAIL RD. N.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: TD () Delete
Name: HUEY, BOBBY
Address: 4499 CHARTER POINT BLVD
City-St-Zip: JACKSONVILLE, FL 322771027 US

Title: VPD () Delete
Name: WALLER, ERNEST
Address: 4545 OAK BAY DR. W
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: SD () Delete
Name: HOLTON, WALTER
Address: 4304 FERN CREEK DR
City-St-Zip: JACKSONVILLE, FL 32277 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLTON, WALTER
Address: 4304 FERN CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: TD (X) Change () Addition
Name: HUEY, BOBBY R
Address: 4499 CHARTER POINT BLVD
City-St-Zip: JACKSONVILLE, FL 322771027 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HEMPHILL, LINDA
Address: 5487 RIVER TRAIL RD. N.
City-St-Zip: JACKSONVILLE, FL 32277 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOBBY R. HUEY

TD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date