

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004869

1. Entity Name
C-K CHARTER POINTE REALTY CORP.



Principal Place of Business
C/O CLK MANAGEMENT CORP.
9 PARK PLACE
GREAT NECK, NY 11021

Mailing Address
C/O CLK MANAGEMENT CORP.
9 PARK PLACE
GREAT NECK, NY 11021



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2359572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 NORTH MERIDAN ST.
LOWER LEVEL
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARNES, HOWARD
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE VSD
NAME STAHL, SHELDON
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE VTD
NAME STAHL, FRED
STREET ADDRESS ONE WEST RED OAK LANE
CITY-ST-ZIP WHITE PLAINS, NY 10604

TITLE V
NAME KOENIGSBERG, CRAIG
STREET ADDRESS 9 PARK PLACE OAK LANE
CITY-ST-ZIP GREAT NECK, NY 11021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000007097
01/20/04-80010-010 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Craig Koenigsberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Koenigsberg VP 1/14/04 216-446-9442

Date

Daytime Phone #