

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 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



02072006

No Chg-P

CR2E034 (11/05)

**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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

000000472631  
03/30/06-80001-002 650.00

**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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06

Date

Daytime Phone #