

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 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



04182008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000918043  
05/13/08-80066-017 150.00

**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

*Craig Koenigsberg* CRAIG KOENIGSBERG

4/18/08

Date

516-466-9440

Daytime Phone #