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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004766

1. Corporation Name

THE CLUB AT CHARTER POINT CORPORATION OF GEORGIA

	•									
Principal Place	e of Business	Mailing Address								
1819 PEACHTREE ST NE. SUITE 520 1819 PEACHTREE ST NE. SUITE				520						
ATLANTA GA 30309 ATLANTA GA 30309						DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Q	ualifed			
						09/17/1996		•		
2. Principal Pl	ace of Business	2a. Mailing Addre	ess		-	4. FEI Number		Apr	lied For	:
21		26				75-2669199		Not	Applicable	Ι.
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status De	nirod 🗀	\$8.75 A		+ 2
22		27				5. Certificate of Status De	sired . 🔲	Fee Rec	quired	
City & State	e	City & State				6. Election Campaign Fin	ancing	\$5.00	May Be	
23	. <u> </u>	28	-			Trust Fund Contribution	<u> </u>	Added to	Fees	
Zip	Country	Zip	c	ountry		8. This corporation owes	the current year Into			
24	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent		-	Mana	10. Name and Address o	New Registered	Agent		
	CODDODATION EVETEM			81	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		:		82	Street Addre	dress (P.O. Box Number is Not Acceptable)				ĺ
	NTATION FL 33324			20						
PLAN	MATION FL 33324			83				·	,	
				84	City		E)	85 Zip C	ode	
	to the provisions of Sections 607.0502						FL		ensistered	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such chand	ie was authorize	ed by tr	he corporatio	on's board of directors. I hereb	y accept the appoir	ntment as reg	jistered	Ì
SIGNATURE				atutes.			DATE		· · · · ,	۔
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Register	red Agent		d when reinstating)	DATE	•	<u>· · · · , </u>	(00)
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Register	red Agent		d when reinstating) ADDITIONS/CHANGES	DATE	•	<u>· · · · , </u>	11/00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Register 13 LETE 1.1	red Agent :		d when reinstating)	DATE	D DIRECTO	RS IN 12	24 (44/00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent a OFFICERS AND C CASSILS, JOHN G	ond title if applicable. DIRECTORS	(NOTE: Register 13 ELETE 1.1	red Agent: 3. ITITLE NAME	signature required	d when reinstating) ADDITIONS/CHANGES	DATE	D DIRECTO	RS IN 12	E024 (44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND C CASSILS, JOHN G 650 W. GEORGIA ST, SUITE 216	and title if applicable. DIRECTORS DE	(NOTE: Register 13 ELETE 1.1 1.2 1.3	atutes. 3. ITITLE NAME	signature required	d when reinstating) ADDITIONS/CHANGES	DATE	D DIRECTO	RS IN 12	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND C CASSILS, JOHN G 650 W. GEORGIA ST, SUITE 216 VANCOUVER BC, CANADA V6B	and title if applicable. DIRECTORS DE	(NOTE: Register 13: ELETE 1.1 1.2 1.3 1.4	red Agent: 3. ITITLE NAME	signature required	d when reinstating) ADDITIONS/CHANGES	DATE	D DIRECTO	RS IN 12	CD2E024 (44/08)
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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 effort as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Rod G Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Z1-Jan-99

(604) 687-1919

Daytime Phone #