# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR 28 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007612

1. Entity Name
RIVER POINT MASTER ASSOCIATION, INC.

CHECK HERE IF MAKING CHANGES ☑

| Principal Place of Business | Mailing Address |
|---|---|
| 3228 SW MARTIN DOWNS BLVD.<br>STE 5<br>PALM CITY, FL 34990 | 3228 SW MARTIN DOWNS BLVD.<br>STE 5<br>PALM CITY, FL 34990 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 215 CELEBRATION PLACE<br>Suite, Apt. #, etc.<br>SUITE 200 |
| City & State | City & State<br>CELEBRATION, FL |
| Zip / Country | Zip / Country<br>34747 / U.S.A |

4. FEI Number 01-0750948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASTERS, ROBERT F II
1 FLORIDA PARK DRIVE
SUITE 300
PALM COAST, FL 32737

7. Name and Address of New Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
City: PLANTATION FL Zip Code: 33324

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.

900018470389
05/07/03--01124--010 **61.25

SIGNATURE: James A. Bordonaro Assistant Secretary — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>DAVIS, JAMES R<br>32-C SE OSCEOLA ST<br>STUART, FL 34994 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPO<br>MICHAEL SAYRE<br>3228 SW MARTIN DOWNS BLVD., SUITE 5<br>PALM CITY, FL 34990 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVST<br>AKRA, JOSEPH P<br>32-C SE OSCEOLA ST<br>STUART, FL 34994 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ALTON E. JONES<br>3228 SW MARTIN DOWNS Blvd., Suite 5<br>PALM CITY, FL 34990 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VITALE, ASHLEY<br>32-C OSCEOLA ST<br>STUART, FL 34994 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JOSEPH CROCKER<br>3228 SW MARTIN DOWNS Blvd., Suite 5<br>PALM CITY, FL 34990 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CINDY FORD<br>3228 SW MARTIN DOWNS Blvd., Suite 5<br>PALM CITY, FL 34990 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 617, 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: _____ 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #