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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000248 (3)

1. Corporation Name

SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER BRIDGE, INC.



Principal Place of Business Mailing Address  
3300 PGA BLVD. 3300 PGA BLVD.  
SUITE 900 SUITE 900  
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-2811

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 01/18/1995 3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0610171 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOSNEK, IVAN M.  
3300 PGA BLVD., SUITE 900  
PALM BEACH GARDENS FL 33410

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D/P ☐ DELETE  
NAME CHOSNEK, IVAN  
STREET ADDRESS 3300 PGA BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  
TITLE D ☐ DELETE  
NAME WHITE, MYRNA J  
STREET ADDRESS 3300 PGA BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  
TITLE D/V ☐ DELETE  
NAME TAYLOR, LOIS S.  
STREET ADDRESS 3300 PGA BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  
TITLE S ☒ DELETE  
NAME OLITZKY, EARL K  
STREET ADDRESS % 3300 PGA BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  
TITLE T ☒ DELETE  
NAME SHORE, STEPHEN L  
STREET ADDRESS % 3300 PGA BLVD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Secretary ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Treasurer ☐ Change ☒ Addition  
6.2 NAME RUTH G. DOMB  
6.3 STREET ADDRESS 3300 PGA BLVD  
6.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

14. I do 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 report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)