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Feb 21, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000248

1. Corporation Name

SOUTHPOINTE HOMEOWNER'S ASSOCIATION AT RIVER BRIDGE, INC.

Principal Place of Business

100 RIVER BRIDGE BLVD.
WEST PALM BEACH FL 33413

Mailing Address

100 RIVER BRIDGE BLVD.
WEST PALM BEACH FL 33413



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	01/18/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0610171
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/>
	29	\$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent

OLITZKY, EARL K.
100 RIVER BRIDGE BLVD.
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOSNEK, IVAN	1.2 NAME	Howard Reich
STREET ADDRESS	100 RIVER BRIDGE BLVD.	1.3 STREET ADDRESS	2715 Pointe Cir.
CITY-ST-ZIP	WEST PALM BEACH FL 33413	1.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, PATTY	2.2 NAME	Howard Magidson
STREET ADDRESS	2400 S.E. FED HWY STE. 310	2.3 STREET ADDRESS	2744 Pointe Cir.
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLITZKY, EARL	3.2 NAME	Nan Reich
STREET ADDRESS	100 RIVER BRIDGE BLVD.	3.3 STREET ADDRESS	2715 Pointe Cir.
CITY-ST-ZIP	WEST PALM BEACH FL 33413	3.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LOIS	4.2 NAME	Herbert Schiff
STREET ADDRESS	2400 S.E. FED HWY STE. 310	4.3 STREET ADDRESS	2765 Pointe Cir.
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Donald Lind
STREET ADDRESS		5.3 STREET ADDRESS	2732 Pointe Cir.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Len Stein & Pat Stein
STREET ADDRESS		6.3 STREET ADDRESS	2745 Pointe Cir.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	W. Palm Beach, FL 33413

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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

Date

Daytime Phone #

1/14/99

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