

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734738** (8)

1. Corporation Name

INDIAN RIVER POINT HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

Mailing Address

**3200 NE BREAKWATER DRIVE
JENSEN BEACH FL 34957**

**3200 NE BREAKWATER DRIVE
JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified
12/31/1975

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2235580

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

**HEASLIP, RICHARD G
3276 NE CATAMARAN TERRACE
JENSEN BEACH FL 34957**

81 Name

**PD
MULVEY, JACK**

82 Street Address (P.O. Box Number is Not Acceptable)

4033 NE BREAKWATER DRIVE

83

JENSEN BEACH

84 City

FL

85 Zip Code
34957

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

(NOTE: Registered Agent signature required when reappointing)

4/22/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HEASLIP, RICHARD G**
STREET ADDRESS **3276 NE CATAMARAN TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **SD** ☐ DELETE
NAME **MATTINGLY, WALT**
STREET ADDRESS **4061 NE BREAKWATER DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **TD** ☐ DELETE
NAME **PRIDGEN, MACEY T**
STREET ADDRESS **4041 NE BREAKWATER DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **VD** ☐ DELETE
NAME **LITTON, DAVID**
STREET ADDRESS **3246 NE CATAMARAN**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **D** ☐ DELETE
NAME **TRACHTENBERG, ARTHUR**
STREET ADDRESS **3287 NE CATAMARAN TERRACE**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **MULVEY, JACK**
1.3 STREET ADDRESS **4033 NE BREAKWATER DRIVE**
1.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **LA LIBERTE, ROY**
2.3 STREET ADDRESS **4021 NE BREAKWATER DRIVE**
2.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

3.1 TITLE **TD** ☐ Change ☐ Addition
3.2 NAME **PRIDGEN, MACEY T**
3.3 STREET ADDRESS **4041 NE BREAKWATER DRIVE**
3.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **TRACHTENBERG, ARTHUR**
4.3 STREET ADDRESS **3287 NE CATAMARAN TERRACE**
4.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

5.1 TITLE **MEMBER AT LARGE D** ☒ Change ☐ Addition
5.2 NAME **LANG, JOSEPH**
5.3 STREET ADDRESS **3991 NE BREAKWATER DRIVE**
5.4 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

6.1 TITLE **100001831511** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
-05/21/96--01037--028
*****\$1.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

407 225 1111
Daytime Phone #

CR2E037 (12/95)