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May 01 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 # **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 34957-4271

3. Date Incorporated or Qualified: **12/31/1975**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

MULVEY, JACK
4033 NE BREAKWATER DRIVE
JENSEN BEACH FL 34957

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] Treasurer 4/24/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MULVEY, JACK		1.2 NAME		
STREET ADDRESS	4033 NE BREAKWATER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSON BEACH FL 34957		1.4 CITY-ST-ZIP		
TITLE	LA L	☐ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	IBERTEGLY, ROY		2.2 NAME	LA LIBERTE, ROY	
STREET ADDRESS	4021 NE BREAKWATER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRIDGEN, MACEY T		3.2 NAME		
STREET ADDRESS	4041 NE BREAKWATER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		3.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANG, JOSEPH		4.2 NAME		
STREET ADDRESS	3991 NE BREAKWATER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TRACHTENBERG, ARTHUR		5.2 NAME		
STREET ADDRESS	3287 NE CATAMARAN TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: SIGNATURE REQUIRED [signature] Treasurer 4/24/97 561 225 1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071208