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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734738**

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 12/31/1975 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MULVEY, JACK 4033 NE BREAKWATER DRIVE JENSEN BEACH FL 34957	81 Name: JACK TUSINSKI 82 Street Address (P.O. Box Number is Not Acceptable): 4044 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] JACK TUSINSKI, PRESIDENT 4/12/99
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	PD	☒ Change ☐ Addition
NAME	MULVEY, JACK		1.2 NAME	TUSINSKI, JACK	
STREET ADDRESS	4033 NE BREAKWATER DRIVE		1.3 STREET ADDRESS	4044 NE BREAKWATER DRIVE	
CITY-ST-ZIP	JENSON BEACH FL 34957		1.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	LA LIBERTE, ROY		2.2 NAME	TRAVERS, ANN	
STREET ADDRESS	4021 NE BREAKWATER DRIVE		2.3 STREET ADDRESS	4070 NE BREAKWATER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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	MD	☒ Change ☐ Addition
NAME	LANG, JOSEPH		4.2 NAME	TRACHTENBERG, ARTHUR	
STREET ADDRESS	3991 NE BREAKWATER DRIVE		4.3 STREET ADDRESS	3287 NE CATAMARAN TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL 34957		4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	VD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	TRACHTENBERG, ARTHUR		5.2 NAME	GILBERT, JOHN	
STREET ADDRESS	3287 NE CATAMARAN TERRACE		5.3 STREET ADDRESS	4071 NE BREAKWATER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957		5.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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 (1/1/98)

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: [signature] (Treasurer) SIGNATURE REQUIRED 3/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
MACEY T. PRIDGEN, TREAS. Daytime Phone #