2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734738 1. Entity Name INDIAN RIVER POINT HOMEOWNERS ASSOCIATION INC.					FILED May 12, 2000 8:00 an Secretary of State 03-24-2000 90069 007 ****61.25				
Principal Place	of Business	Mailing Address				03-24-2000	90009 00	, 0	1.23
3200 NE BREAKWATER DRIVE JENSEN BEACH FL 34957		3200 NE BREAKWATER DRIVE JENSEN BEACH FL 34957-4271							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-2235580 Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired		75 Addit	tional
	6. Name and Address of Current F	<u> </u>			7. Name and	Address of New Re		:	
			Name	JAC	K TUSIN				
tusinski,	JACK	Street Address			(PO Box Number is Not Acceptable) 44 NE BREAKWATER DRIVE				
	REAKWATER DR								
JENSEN BEACH FL 34957				JENSEN BEACH City FL Zip Code 34957					
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or register	red agent, or both	h, in the state of Flori		343.	
SIGNATURE	Signature, typed or printed harve of registered agent a FILE NOW: FEE IS \$61,25	9. Election Campaign Trust Fund Contribu		\$5.0 Added	30 May Be d to Fees		Check Pay partment of	State	10
TITLE	PD	☐ Delete	TITLE	PRI	ESIDENT		Х	Change	☐ Addition ©
NAME STREET ADDRESS	MULVEY, JACK		NAME Syreet addre		SINSKI,				(2)
STREET ADDRESS CITY-ST-ZIP	4044 NE BREAKWATER DR JENSON BEACH FL 34957	•	CITY-ST-ZIP	30.	44 NE BI NSEN BEJ	REAKWATER	DRIVE 34957		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE	SD	Delete	TITLE NAME	SEC	CRETARY	•		Change	☐ Addition C
NAME STREET ADDRESS CITY-ST-ZIP	TRAVERS, ANN 4070 NE BREAKWATER DR	,	STREET ADORE	^{SS} 40°		REAKWATER			
TITLE	JENSON BEACH FL 34957	□ Delete	TITLE		NSEN BEA EASURER	ACH, FL		Change	Addition
NAME	PRIDGEN, MACEY T		NAME	PO1		GER C. D		•	
STREET ADDRESS City-St-Zip	4041 NE BREAKWATER DRIVE JENSEN BEACH FL 34957	•	STREET ADDRE	34		TAMARAN '			Į
DTLE	VD	☐ Delete	TITLE			ACH, FL	34957 5	Change	Addition
NAME	TRACHTENBERG, ARTHUR		NAME	4	CE PRESI				
STREET ADDRESS CITY-ST-ZIP	4071 NE BREAKWATER DRIVE JENSEN BEACH FL 34957		STREET ADDRI			CHN REAKWATER			
TITLE	MD	☐ Delete	TITLE		NSEN BEA MBER AT	ACH, FL.	34957 ເ	Change	Addition
NAME	TRACHTENBERG, ARTHUR		NAME	ANI	DERSON,		•	`	
STREET ADDRESS City-St-Zip	3287 NE CATAMARAN TERRACE		STREET ACCR	^{SS} 400	00 NE B1	REAKWATER	DRIVE		{
TITLE	JENSEN BEACH FL 34957	☐ Delete	TITLE	— JE	NSEN BE	ACH, FL 3	4 957	Change	☐ Addition
NAME			NAME				A	-	
STREET ADDRESS CITY-ST-ZIP	}		STREET ADDR	ess					į
	certify that the information supplied with	this filing does not qualify fo		stated in S	Section 119 07(3)	(i) Florida Statutes	I further certify	that the i	ntormation

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 amprovered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, will full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

561-225-1111

Daytime Phone #