NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 25, 2002 8:00 am Secretary of State

1. Entity Name	e N RIVER POINT HOMI	EOWNERS ASSOC	IAT	ON	$\sqrt{}$	00-23-20	02 90446 03	7 *****61.	23	
[DO NOT WRITE	IN THIS SI	PAC	E						
2. Principal Place of Business 3. Mailing Address 3200 NE Breakwater Dr 3250 NE Cand				Ave #	3					
Suite, Apt. #, etc. Suite, Apt. #, etc. \$43			<u>u i c c</u>	· AVE.	3	DO NOT WRITE IN THIS SPACE				
City & State Jensen Beach, FL 34957 City & State Jensen E			h, F	L 3495		4. FEI Number 59-2235580			lied For Applicable	
^{Zip} 34957	57 Country Zip 34957		Country Martin			5. Certificate of Status Desired			onal	
	DO NOT W	RITE			RT ANDER	. ,		gent		
IN THIS SPACE				12	1203 HIGHWAY T SEBASTIAN, FL 32958					
				City			FL	Zip Code 3295	8	
<u> </u>	Signature, typed or printed name of registered agent a FEE IS \$61.25 Initial or Amended UBR	nd title if applicable (NOT 9. Election Cal Trust Fund 0	E: Registere	inancing	\$5.00 May Added to Fee	50	DATE Jake Check I Department	Payable to	,	
TITLE NAME	OFFICERS AND DIF PD ANDERSON, BERT 1203 Highway I	RECTORS	TITL NAM STR				* * *		CR2E037B (12/01)	
STREET ADDRESS CITY-ST-ZIP TITLE	Sebastian, FL 32	958	CITY	r-st-zip .	a				R2E037	
NAME STREET ADDRESS CITY-ST-ZIP	JOHN GILBERT 4071 NE BREAKWATER DRIVE JENSEN BEACH, FL 34957			AE EET ADDRESS (~ST~ZIP		e pres	γF		. 0	
TITLE NAME STREET ADDRESS	SD BARBARA COOK -4140-NE-BREAKWATER-DRIVE			E AE EET ADDRESS (-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	O NOT	WRIT	Έ		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JENSEN BEACH, FL 34957 TD ERNEST KOLANO \ 4040 NE BREAKWATER DRIVE			E ME EET ADDRESS		IN THIS SPACE				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JENSEN BEACH, F1 MD JOSEPH LANG 3991 NE BREAKWAT	. <u> </u>	TITL							
CITY-ST-ZIP TITLE	JENSEN BEACH, FI	34957	TITL	AE .	\$ # x			· · · · · · · · · · · · · · · · · · ·	,	
STREET ADDRESS				EET ADDRESS (-ST-ZIP	. 0				1	

12. 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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

ERT ANDERSON 6/12/02 562.263-1388