

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90213 039 ****61.25

DOCUMENT # 734738	
1. Entity Name INDIAN RIVER POINT HOMEOWNERS ASSOCIATION INC.	

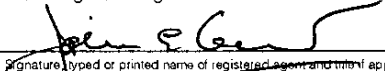
Principal Place of Business 3200 NE BREAKWATER DRIVE JENSEN BEACH FL 34957 US	Mailing Address 3250 NE CANDICE AVE #3 JENSEN BEACH FL 34957 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip 34957	Country Martin	Zip 34957	Country Martin
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6. Name and Address of Current Registered Agent GILBERT, JOHN 4071 NE BREAKWATER DRIVE JENSEN BEACH FL 34957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **JOHN Gilbert** **2/23/05**
(Signature typed or printed name of registered agent and initial applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, JOHN 4074 NE BREAKWATER DRIVE JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YATES, SAM 3276 NE CATAMARAN TERRACE JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENJAMIN, ASHLEY 3990 NE BREAKWATER DRIVE JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOLANO, ERNEST 4040 NE BREAKWATER DRIVE JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD LANG, JOSEPH 3991 NE BREAKWATER DRIVE JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN Gilbert** **2/23/05** **772 225 1111**
(Signature typed or printed name of signing officer or director Date Daytime Phone #)