## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 734738**

FILED Feb 10, 2009 Secretary of State

Entity Name: INDIAN RIVER POINT HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** 3200 NE BREAKWATER DRIVE JENSEN BEACH, FL 34957 **Current Mailing Address: New Mailing Address:** 3250 NE CANDICE AVE 3250 NE CANDICE AVE JENSEN BEACH, FL 34957 US JENSEN BEACH, FL 34957 US FEI Number: 59-2235580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOLANO, ERNEST 4040 NE BREAKWATER DRIVE JENSEN BEACH, FL 34957 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KOLANO, ERNEST Name: Name: 4040 NE BREAKWATER DR Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition CHAPLIN, STANLEY Name: REISINGER, KENNETH Name: Address: 4060 NE BREAKWATER DR Address: 3296 NE BREAKWATER DR City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: SD (X) Change ( ) Addition REISINGER, KENNETH NOLAN, MARILYN Name: Name: 3962 NE BREAKWATER DR Address: 3296 NE CATAMARAN TERR Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: TD Title: TD (X) Change ( ) Addition ( ) Delete Name: COLLINS, NEIL Name: GRANT, KATHLEEN 3297 NE CATAMARAN TERR Address: Address: 4001 NE BREAKWATER DR City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: MD () Delete Title: () Change () Addition LANG, JOSEPH Name: Name: 3991 NE BREAKWATER DR. Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST KOLANO PD 02/10/2009