


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90407 033 \*\*\*\*61.25

**DOCUMENT # N01000008533**

1. Entity Name  
**RIVER POINTE AT GRAND HARBOR CONDOMINIUM  
ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>A.R. CHOICE MANAGEMENT<br/>333 17TH ST SUITE 2L<br/>VERO BEACH, FL 32960 US</b> | Mailing Address<br><b>333 17TH STREET<br/>SUITE 2L<br/>VERO BEACH, FL 32960 US</b> |
|---|--|

00000442



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

01032006 Chg-NP CR2E037 (11/05)

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-1158025</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

|                     |         |     |         |   |
|---------------------|---------|-----|---------|---|
| Zip<br><b>32960</b> | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|---------------------|---------|-----|---------|---|

**8. Name and Address of Current Registered Agent**

**CORNETT, GOOGE & ASSOC.  
401 EAST OSCEOLA ST.  
1ST FLOOR  
STUART, FL 34994**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVP<br/>PASSARETTI, BERNICE<br/>333 17TH ST SUITE 2L<br/>VERO BEACH, FL 32960</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DST<br/>KOLLING, JERRY<br/>333 17TH ST. SUITE 2L<br/>VERO BEACH, FL 32960</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>LINDSAY, DONNA<br/>333 17TH ST. SUITE 2L<br/>VERO BEACH, FL 32960</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DVP</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DP<br/>Nicholas Mellnick<br/>333 17th Street, Suite 2L<br/>Vero Beach, FL 32960</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Nicholas Mellnick* 3/23/06 772-567-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #