

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90056 034 ****61.25

DOCUMENT # N39551

1. Entity Name

RIVER POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD..SUITE 100
 JACKSONVILLE FL 32216

4215 SOUTHPOINT BLVD..SUITE 100
 JACKSONVILLE FL 32216-6191

Principal Place of Business

P.O. Box 551260

Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32255

Country

Zip

32255

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3055174

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
 4215 SOUTHPOINT BLVD.
 #100
 JACKSONVILLE FL 32216

Name Michael N. Schneider

Street Address (P.O. Box Number is Not Acceptable)
 5150 Belfort Road

Building 100

City Jacksonville

FL

Zip Code

32256

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.

SIGNATURE

Michael N. Schneider

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME MENDOLIA, ANDREW C
 STREET ADDRESS 8100 RIVER POINTE COURT
 CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE PD Change Addition
 NAME RONALD C. SASS
 STREET ADDRESS 8129 RIVER POINTE COURT
 CITY-ST-ZIP ST. AUGUSTINE FL. 32092

TITLE VD Delete
 NAME TICE, MARK L
 STREET ADDRESS 8157 SIX MILE WAY
 CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE VD Change Addition
 NAME DOYLE L PUCKET
 STREET ADDRESS 8104 RIVER POINTE COURT
 CITY-ST-ZIP ST. AUGUSTINE FL. 32092

TITLE STD Delete
 NAME SMITH, BARBARA A
 STREET ADDRESS 8121 RIVER POINTE COURT
 CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE PD Change Addition
 NAME BARBARA A. SMITH
 STREET ADDRESS 8121 POINTE COURT
 CITY-ST-ZIP ST, AUGUSTINE FL. 32092

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME LISA HUNTER
 STREET ADDRESS 8116 RIVER POINTE COURT
 CITY-ST-ZIP ST.AUGUSTINE FL.32092

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE OF ANDREW C. MENDOLIA 2/1/00 (904) 940-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)