

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2004
Secretary of State**

DOCUMENT# N39551

Entity Name: RIVER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 551260
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

PO BOX 551260
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3055174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N.
5150 BELFORT RD
BUILDING 100
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SMITH, OTIS, JR
Address: 8121 RIVER POINTE CT
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VD () Delete
Name: PUCKET, DOYLE L
Address: 8104 RIVER POINTE COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD () Delete
Name: SMITH, BARBARA A
Address: 8121 POINTE COURT
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD () Delete
Name: LUTSKO, SOPHIE ANN
Address: 8113 RIVER POINTE CT.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PD () Delete
Name: PUCKETT, DOYLE
Address: 8104 RIVER POINTE COURT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VD () Delete
Name: SMITH, OTIS
Address: 8121 RIVER POINTE CT.
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA SMITH

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04/22/2004

Electronic Signature of Signing Officer or Director

Date