

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39551

FILED  
Apr 06, 2005  
Secretary of State

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: DOYLE PUCKETT

PD

04/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date