

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39551

FILED  
Apr 27, 2007  
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:**

8133 RIVER POINTE COURT  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32256

**New Mailing Address:**

8133 RIVER POINTE COURT  
ST AUGUSTINE, FL 32092

FEI Number: 59-3055174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORD RD  
BUILDING 100  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORD RD  
BUILDING 100  
JACKSONVILLE, FL 32256 US

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:

04/27/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, OTIS, JR  
Address: 8133 RIVER POINTE CT  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VD ( ) Delete  
Name: PUCKET, DOYLE L  
Address: 8133 RIVER POINTE COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD ( ) Delete  
Name: SMITH, BARBARA A  
Address: 8133 RIVER POINTE COURT  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD ( ) Delete  
Name: LUTSKO, SOPHIE ANN  
Address: 8133 RIVER POINTE CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PD (X) Delete  
Name: PUCKETT, DOYLE  
Address: 8133 RIVER POINTE COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VD (X) Delete  
Name: SMITH, OTIS  
Address: 8133 RIVER POINTE CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LUKE, CARL  
Address: 8141 SIX MILE WAY  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VD (X) Change ( ) Addition  
Name: HARWELL, EDWIN  
Address: 8139 SIX MILE WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD (X) Change ( ) Addition  
Name: SUMRALL, KIMBERLY  
Address: 8133 RIVER POINTE COURT  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD (X) Change ( ) Addition  
Name: CALVO, JEANINE  
Address: 8140 SIX MILE WAY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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 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: CARL LUKE

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date