

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39551

FILED
Mar 24, 2008
Secretary of State

Entity Name: RIVER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8133 RIVER POINTE COURT
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

8133 RIVER POINTE COURT
ST AUGUSTINE, FL 32092

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:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT RD
BUILDING 100
JACKSONVILLE, FL 32256 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: LUKE, CARL
Address: 8141 SIX MILE WAY
City-St-Zip: ST AUGUSTINE, FL 32092

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

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

Title: SD () Delete
Name: CALVO, JEANINE
Address: 8140 SIX MILE WAY
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:

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: KIMBERLY SUMRALL

TD

03/24/2008

Electronic Signature of Signing Officer or Director

Date