

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N39551

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 A SUMRALL

TD

04/30/2009

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

\_\_\_\_\_  
Date