

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39551

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC3571462369**

**Entity Name:** RIVER POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8133 RIVER POINTE COURT  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

8133 RIVER POINTE COURT  
ST AUGUSTINE, FL 32092

**FEI Number: 59-3055174**

**Certificate of Status Desired: No**

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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LUKE, CARL  
Address 8141 SIX MILE WAY  
City-State-Zip: ST AUGUSTINE FL 32092

Title VD  
Name HARWELL, EDWIN  
Address 8139 SIX MILE WAY  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title TD  
Name SUMRALL, KIMBERLY  
Address 8133 RIVER POINTE COURT  
City-State-Zip: ST AUGUSTINE FL 32092

Title SD  
Name CALVO, JEANINE  
Address 8140 SIX MILE WAY  
City-State-Zip: SAINT AUGUSTINE FL 32092

*I hereby 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 all other like empowered.*

**SIGNATURE: KIMBERLY SUMRALL**

**TREASURER**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date