

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728783

FILED
Apr 05, 2012
Secretary of State

Entity Name: ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

S.E. NASSAU TERR.
PORT SALERNO, FL 34992

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 502
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 59-2136617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOWER, TIMOTHY
5385 SE ORANGE STREET
STUART, FL 34997 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
Name: TOWER, TIMOTHY
Address: 5385 SE ORANGE STREET
City-St-Zip: STUART, FL 34997

Title: VPD
Name: CAMENE, NICHOLAS
Address: 4095 SE BAY AVE
City-St-Zip: STUART, FL 34997

Title: S
Name: RUSSELL, LINDA
Address: 5365 SE ORANGE STREET
City-St-Zip: STUART, FL 34997

Title: T
Name: LEVY, HANNE
Address: 5136 SE ORANGE STREET
City-St-Zip: STUART, FL 34997

Title: D
Name: HARGROVES, SALLY
Address: 5626 SE ORANGE STREET
City-St-Zip: STUART, FL 34997

Title: D
Name: LAJKOWICZ, CHRIS
Address: 5155 SE ORANGE STREET
City-St-Zip: STUART, FL 34997

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: HANNE LEVY

T

04/05/2012

Electronic Signature of Signing Officer or Director

Date