

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 10 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 728783</b>			
1. Entity Name <b>ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business S.E. NASSAU TERR. PORT SALERNO, FL 34992		Mailing Address P.O. BOX 502 PORT SALERNO, FL 34992	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-2136617</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <del>MC ELHENY, JAMES R 5661 SE NASSAU TERR STUART, FL 34997</del>			7. Name and Address of New Registered Agent Name: <b>JOHN OLINGER</b> Street Address (P.O. Box Number is Not Acceptable): <b>5126 SE ORANGE ST</b> City: <b>STUART</b> FL Zip Code: <b>34997</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <b>JOHN OLINGER</b> <i>John Olinger</i> DATE: <b>JUNE 5, 2003</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when remaining.)</small>					

<b>FILE NOW FEES \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD MC ELHENY, JAMES R 5661 SE NASSAU TERR STUART, FL 34997</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>PRESIDENT AND DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>OLINGER, JOHN</b> <b>5126 ORANGE STREET</b> <b>STUART, FL 34997</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>PAST PRESIDENT AND DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>PO PROCIW, ERNIE</b> <b>PO BOX 1216</b> <b>PORT SALERNO, FL 34992</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>900020795249</b> <b>06/12/03--01010--005</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>T VAN SCOY, JACK</b> <b>5496 SE ORANGE</b> <b>STUART, FL 34997</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>VICE PRESIDENT AND DIRECTOR</b> <b>WILLIAM LEVY</b> <b>5136 SE ORANGE ST</b> <b>STUART FL 34997</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>SECRETARY AND DIRECTOR</b> <b>PELOMA, CHARLES</b> <b>5781 SE NASSAU TERR</b> <b>STUART FL 34997</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John Olinger* **JOHN OLINGER PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **615703 772-781-4824**  
Date Daytime Phone #

CFR2037 (10/02)

7/2/11

# 728783

ROCKY POINT ESTATES  
HOMEOWNERS ASSOCIATION, INC.  
P.O. BOX 502  
PORT SALERNO, FL 34992

To: **Division of Corporations**  
**Uniform Business Report Filings**  
**State of Florida**

From: **Rocky Point Estates Homeowners Assn. Inc.**

Enclosed is our Uniform Business Report for 2003  
We regret that this filing is late due to a family illness and death.  
Please waive any penalty or late filing fee.  
We would like to request a Certificate of Status.

Attached is our check #1559 in the amount of \$70.00

Filing Fee	\$61.25
Certificate of Status	\$8.75
	=====
	<b>\$70.00</b>

Please send the Certificate to Mr. John Olinger, Registered Agent  
and Association President

Mr. John Olinger  
5126 S E Orange Street  
Stuart FL 34997

Thank you very much for your Assistance.

*Attachment*

**Rocky Point Homeowners Assn. # 728783**  
Additional Directors Florida Uniform Business Report #728783

Director  
Bartholomew, Monica  
5315 S E Orange St  
Stuart, FL 34997

Director  
Goodale, Mike  
5501 S E Orange St  
Stuart, FL 34997

Director  
Henderson, John  
5741 S E Nassu Terrice  
Stuart Florida 34997

Director  
Merrill, Jack  
4291 SE Glades Ave  
Stuart Florida 34997