

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759039 (1)**

1. Corporation Name

**ROCKY POINT HARBOR ASSOCIATION, INC.**



Principal Place of Business

RTE 54 & SCARBOROUGH DRIVE  
P.O. BOX 7078  
LUTZ FL 33549  
US

Mailing Address

P.O. BOX 7078  
WESLEY CHAPEL FK 33543  
US

3. Date Incorporated or Qualified  
**07/06/1981**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2168756**

Applied For  
Not Applicable

22

27

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

City & State  
**Wesley Chapel, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELICE DAVID M  
C/O SCARBOROUGH CORPORATION  
ROUTE 54 & SCARBOROUGH DRIVE  
LUTZ FL 33459

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD  
FELICE, DAVID M.  
ROUTE 54 & SCARBOROUGH DR.  
LUTZ FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD  
THIEMAN, JON  
33650 6 AVE. SOUTH  
FEDERAL WAY WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

ST  
LUBANSKY, JANICE  
ROUTE 54 & SCARBOROUGH DR.  
LUTZ FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD  
MC MICHEAL, RICK  
33650 6 AVE. SOUTH  
FEDERAL WAY WA

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

VD  
CUARTA, JOSE  
ROUTE 54 & SCARBOROUGH DR.  
LUTZ FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STD  
BURCAW, FREDERICK H.  
RT. 54 AND SCARBOROUGH DRIVE  
LUTZ, FL 33549

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David M. Felice* **DAVID M. FELICE, PRESIDENT 1-19-96 813-973-7553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)