

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90012 030 ****61.25

DOCUMENT # N19687

1. Entity Name
ROCK POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3617 SOUTH BANANA RIVER BLVD.
COCOA BEACH, FL 32931-3404**

Mailing Address
**3617 SOUTH BANANA RIVER BLVD.
COCOA BEACH, FL 32931-3404**



03142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2775132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELDORFF, INC.
DBA SHOWCASE PROPERTIES, INC.
204 W COCOA BEACH, CSWY
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNELL, MARILYN 3601 S BANANA RIVER BLVD A-506 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL HULL, LEE 3601 SOUTH BANANA RIVER BLVD A 202 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTINGTON, MICHELE 3601 SOUTH BANANA RIVER BLVD A405 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEESEMAN, CARL 3613 S BANANA RIVER BLVD D-202 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIDTHUNE, SHIRLEY 3611 S BANANA RIVER BLVD C-504 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Shirley Midthune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07
Date

321-784-3707
Daytime Phone #