

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728783

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**6704190437CC**

**Entity Name:** ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5385 SE MATOUSEK STREET  
STUART, FL 34997

**Current Mailing Address:**

P.O. BOX 502  
PORT SALERNO, FL 34992 US

**FEI Number:** 30-0628311

**Certificate of Status Desired:** No

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

EVANS, WARREN  
5385 SE MATOUSEK STREET  
STUART, FL 34997 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:** WARREN EVANS

04/18/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name EVANS, WARREN  
Address 5385 SE MATOUSEK STREET  
City-State-Zip: STUART FL 34997

Title T  
Name GILLMAN, JO  
Address 5697 SE MAJOR WAY  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name NEIDHART, RICHARD  
Address 5192 SE NASSAU TERRACE  
City-State-Zip: STUART FL 34997

Title VP  
Name LEE, SHERRI  
Address 5632 SE NASSAU TERR  
City-State-Zip: STUART FL 34997

Title SECRETARY  
Name STARRATT, DAWN  
Address 5242 SE NASSAU TERR  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name CARROLL, BILL  
Address 5232 SE NASSAU TERR  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name MERRILL, JACK  
Address 4291 SE GLADES AVE  
City-State-Zip: STUART FL 34997

Title DIRECTOR  
Name MEISENBACHER, JOHN  
Address 5352 SE NASSAU TERR  
City-State-Zip: STUART FL 34997

**Continues on page 2**

*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:** JO GILLMAN

**TREASURER**

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            COMBS, JOHN  
Address        5145 SE MATOUSEK ST  
City-State-Zip: STUART FL 34997