

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005669

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC1329751055**

**Entity Name:** ISLAND CLUB AT ROCKY POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

777 SOUTH HARBOUR ISLAND BLVD. SUITE 270  
TAMPA, FL 33602

**Current Mailing Address:**

777 SOUTH HARBOUR ISLAND BLVD. SUITE 270  
TAMPA, FL 33602

**FEI Number:** 20-4118547

**Certificate of Status Desired:** No

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

RABIN & PARKER, P.A.  
28163 U.S. HWY. 19 N.  
SUITE 207  
CLEARWATER, FL 33761 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUTSON, SHERRI  
Address        777 SOUTH HARBOUR ISLAND BLVD.  
                 SUITE 270  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            RAKOWSKI, TERRI  
Address        777 SOUTH HARBOUR ISLAND BLVD.  
                 SUITE 270  
City-State-Zip: TAMPA FL 33602

Title            SECRETARY, TREASURER  
Name            PUEBLA, MARK  
Address        777 SOUTH HARBOUR ISLAND BLVD.  
                 SUITE 270  
City-State-Zip: TAMPA FL 33602

Title            DIRECTOR  
Name            YUSKA, MICHAEL  
Address        777 SOUTH HARBOUR ISLAND BLVD.  
                 SUITE 270  
City-State-Zip: TAMPA FL 33602

Title            DIRECTOR  
Name            ABOLGAR, SAM  
Address        777 SOUTH HARBOUR ISLAND BLVD.  
                 SUITE 270  
City-State-Zip: TAMPA FL 33602

*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: SHERRI HUTSON**

**PRESIDENT**

**01/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date