FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:59

DOCUMENT # **728783** **(2)**

1. Corporation Name

ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
S.E. NASSAU TERR. P.O. BOX 502 PORT SALERNO FL 34992	S.E. NASSAU TERR. P.O. BOX 502 PORT SALERNO FL 34992

3. Date Incorporated or Qualified: 02/11/1974
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2136617 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WENDELKEN
5585 S.E. ORANGE STREET
STUART FL 34997

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	TOWER, TIM	1.2 NAME		
STREET ADDRESS	5385 S.E. ORANGE ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	WENDELKEN, ROGER	2.2 NAME		
STREET ADDRESS	5585 S.E. ORANGE STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, LINDA	3.2 NAME		
STREET ADDRESS	5365 S.E. ORANGE STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RONDEAU, HENRY	4.2 NAME		
STREET ADDRESS	5595 S.E. ORANGE STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	GALUCCI, THOMAS	5.2 NAME	GALUCCI, THOMAS	
STREET ADDRESS	5232 SE NASSAU TERR.	5.3 STREET ADDRESS	5232 S.E. NASSAU TERR.	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART FLA 34997	
TITLE	D	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	GORNEY, TOM	6.2 NAME	ALIMENA, Ronald	
STREET ADDRESS	5512 S.E. NASSAU TERRACE	6.3 STREET ADDRESS	5685 S.E. MATOUSEK ST.	
CITY-ST-ZIP	STUART, FK	6.4 CITY-ST-ZIP	STUART FLA 34997	

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: Roger Wendelken Roger Wendelken 3-8-95 407-288-0444
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF OFFICER OR DIRECTOR — Date — Daytime Phone #