

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

97 APR 29 PM 1:19

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 728783**

1. Corporation Name  
**ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business S.E. NASSAU TERR. P.O. BOX 802 PORT SALERNO FL 34992	Mailing Address S.E. NASSAU TERR. P.O. BOX 502 PORT SALERNO FL 34992
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>02/11/1974</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-2136617</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	CARL L. DENNY	4035 S.E. BAY AVENUE	STUART, FL 34997
S/D	RON ALIMENA	5685 S.E. MATOUSEK STREET	STUART, FL 34997
T/D	KENNY MCINTOSH	5122 S.E. NASSAU TERRACE	STUART, FL 34997
V	SUSAN DUNN	4095 RAY AVENUE	STUART, FL 34997

**REINSTATEMENT 98-97**

8. Name and Address of Current Registered Agent <b>ROGER WENDELKEN 5585 S.E. ORANGE STREET STUART, FL 34997</b>	9. Name and Address of New Registered Agent Name: <b>CARL L. DENNY</b> Street Address (P.O. Box Number is Not Acceptable): <b>4035 S.E. BAY AVENUE</b> Suite, Apt. #, Etc.: City: <b>STUART</b> State: <b>FL</b> Zip Code: <b>34997</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: C. L. Denny Date: 4/28/97  
**CARL L. DENNY REGISTERED AGENT MUST SIGN**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: C. L. Denny 4/28/97 561-288-3821  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CARL L. DENNY** Date: Daytime Phone #