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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728783

1. Corporation Name

ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

S.E. NASSAU TERR.  
PORT SALERNO FL 34992

P.O. BOX 502  
PORT SALERNO FL 34992



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/11/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2136617

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip Country

25

29 Zip Country

30

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DENNY, CARL L  
4035 S.E. BAY AVENUE  
STUART FL 34997~~

81 Name JOEL B. NARCOWICH

82 Street Address (P.O. Box Number is Not Acceptable)

5491 S.E. NASSAU TER

83

84 City STUART

FL

85 Zip Code 34997

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Joel B. Narcowich*  
Signature, typed or printed name of registered agent and title if applicable.

JOEL B. NARCOWICH SECRETARY 4/8/99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME DENNY, CARL L  
STREET ADDRESS 4035 S.E. BAY AVENUE  
CITY-ST-ZIP STUART FL 34997

1.1 TITLE  Change  Addition  
1.2 NAME Jim McElheny  
1.3 STREET ADDRESS 5551 S.E. Nassau TER  
1.4 CITY-ST-ZIP STUART, FL. 34997

TITLE SD  DELETE  
NAME ALIMENA, RON  
STREET ADDRESS 5685 S.E. MATOUSEK STREET  
CITY-ST-ZIP STUART FL 34997

2.1 TITLE  Change  Addition  
2.2 NAME John Henderson  
2.3 STREET ADDRESS 5741 SE. NASSAU TER  
2.4 CITY-ST-ZIP STUART, FL. 34997

TITLE TD  DELETE  
NAME MCINTOSH, KENNY  
STREET ADDRESS 5122 S.E. NASSAU TERRACE  
CITY-ST-ZIP STUART FL 34997

3.1 TITLE  Change  Addition  
3.2 NAME Joel Narcowich  
3.3 STREET ADDRESS 5491 S.E. NASSAU TER  
3.4 CITY-ST-ZIP STUART, FL 34997

TITLE V  DELETE  
NAME DUNN, SUSAN  
STREET ADDRESS 4095 BAY AVENUE  
CITY-ST-ZIP STUART FL 34997

4.1 TITLE  Change  Addition  
4.2 NAME Don Joyant  
4.3 STREET ADDRESS 5282 S.E. NASSAU TER  
4.4 CITY-ST-ZIP STUART, FL. 34997

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Joel B. Narcowich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 561  
220-9458  
Date Daytime Phone #

CR2E037 (11/98)