


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90106 009 ****70.00

DOCUMENT # 728783	
1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2136617	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
OLINGER, JOHN 5126 SE ORANGE STREET STUART FL 34997

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	OLINGER, JOHN
STREET ADDRESS	5125 ORANGE STREET
CITY-ST-ZIP	STUART FL 34997
TITLE	T <input type="checkbox"/> Delete
NAME	VAN SCOY, JACK
STREET ADDRESS	5496 SE ORANGE
CITY-ST-ZIP	STUART FL 34997
TITLE	VPD <input type="checkbox"/> Delete
NAME	LENY, WILLIAM <i>LEVY, WILLIAM</i>
STREET ADDRESS	5136 SE ORANGE ST
CITY-ST-ZIP	STUART FL 34997
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	MERRILL, JACK
STREET ADDRESS	4291 SE GLADES AVE.
CITY-ST-ZIP	STUART FL 34997
TITLE	S <input type="checkbox"/> Delete
NAME	MUELOS, PATRICIA
STREET ADDRESS	6361 SE NASSAU TERR
CITY-ST-ZIP	STUART FLA 34997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>John Olinger</i> 3/6/06
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