

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 021 ****70.00

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1. Entity Name

ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

S.E. NASSAU TERR.
PORT SALERNO FL 34992

Mailing Address

P.O. BOX 502
PORT SALERNO FL 34992



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2136617

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 of principal officer.

(NOTE: Registered Agent signature is required when changing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME OLINGER, JOHN
STREET ADDRESS 5125 ORANGE STREET
CITY-ST-ZIP STUART FL 34997

TITLE T ☐ Delete
NAME VAN SCOY, JACK
STREET ADDRESS 5496 SE ORANGE
CITY-ST-ZIP STUART FL 34997

TITLE VPD ☒ Delete
NAME LEVY, WILLIAM
STREET ADDRESS 5136 SE ORANGE ST
CITY-ST-ZIP STUART FL 34997

TITLE S ☒ Delete
NAME MEEPS, PATRICK
STREET ADDRESS 5361 SW NASSAU TERR
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME JACK MERRILL
STREET ADDRESS 4291 S.E. GLADES AVE
CITY-ST-ZIP STUART, FLA 34997

TITLE ☒ Change ☐ Addition
NAME Jo Gillman
STREET ADDRESS 5697 SE MAJOR WAY
CITY-ST-ZIP STUART FLA 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John B. Olinger

JOHN B. OLINGER

1/27/08 772

781-4824