2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728783

FILED Mar 03, 2011 Secretary of State

Entity Name: ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

S.E. NASSAU TERR. PORT SALERNO, FL 34992

Current Mailing Address: New Mailing Address:

P.O. BOX 502

PORT SALERNO, FL 34992

FEI Number: 59-2136617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLINGER, JOHN
5126 SE ORANGE STREET
STUART, FL 34997 US

TOWER, TIMOTHY
5385 SE ORANGE STREET
STUART, FL 34997 US

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.

SIGNATURE: TIMOTHY TOWER 03/03/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 TOWER, TIMOTHY

 Address:
 5385 SE ORANGE STREET

 City-St-Zip:
 STUART, FL 34997

Title:

 Name:
 LAJKOWICZ, CHRIS

 Address:
 5155 SE MATOUSEK STREET

 City-St-Zip:
 STUART, FL 34997

Title: VPD

 Name:
 ESPINOSA, AIMEE

 Address:
 5722 SE NASSAU TERRACE

 City-St-Zip:
 STUART, FL 34997

Title: S

Name: RUSSELL, LINDA

Address: 5365 SE ORANGE STREET City-St-Zip: STUART, FL 34997

Title:

Name: GABRIEL, SALLY

Address: 5235 SE MATOUSEK STREET

City-St-Zip: STUART, FL 34997

Title: [

Name: HARGROVES, SALLY
Address: 5626 SE ORANGE STREET
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AIMEE ESPINOSA VPD 03/03/2011