


# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732337 (1)**

**1. Corporation Name**  
**ROCKY POINT HOME AND PROPERTY OWNERS ASSOCIATION, INC.**

<b>Principal Place of Business</b> P O BOX 1293 PT SALERNO FL 34992	<b>Mailing Address</b> P O BOX 1293 PT SALERNO FL 34992
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>3. Date Incorporated or Qualified</b> 04/02/1975	<b>3a. Date of Last Report</b> 08/24/1995
<b>4. FEI Number</b> 59-2421387	Applied For Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>6. Election Campaign Financing Trust Fund Contribution</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b>	

**9. Name and Address of Current Registered Agent**

**NICHOLSON-PAVLIK, CONNIE**  
**4789 GLEN RIDGE TRAIL**  
**STUART FL 34997**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> DELETE
NAME	ZACKEY, CLIFF	
STREET ADDRESS	4575 SE WILLIAMS WAY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COFFIN, DICK	
STREET ADDRESS	4778 SE MAJOR WAY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	NICHOLSON-PAVLIK, CONNIE	
STREET ADDRESS	4789 SE GLEN RIDGE TRAIL	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, TONY	
STREET ADDRESS	4776 MANATEE TERRACE	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAVLIK, THOMAS	
STREET ADDRESS	4789 SE GLENRIDGE TRAIL	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTI, JOYCE	
STREET ADDRESS	5880 SCHOONER WAY	
CITY-ST-ZIP	STUART FL 34997	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas Pavlik
2.3 STREET ADDRESS	4789 SE Glen Ridge Trl
2.4 CITY-ST-ZIP	Stuart, FL 34997
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pat Tobin
5.3 STREET ADDRESS	4259 Robertson Rd.
5.4 CITY-ST-ZIP	Stuart, FL 34997
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pat Varley
6.3 STREET ADDRESS	4750 Rocky Point Way
6.4 CITY-ST-ZIP	Stuart, FL 34997

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 amendment with an address.

**SIGNATURE:** \_\_\_\_\_ **4/11/96** **407-287-8252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)