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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE 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.**

Principal Place of Business

Mailing Address

P O BOX 1283
PT SALERNO FL 34992

P O BOX 1283
PT SALERNO FL 34982-1283



3. Date Incorporated or Qualified **04/02/1975** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACKEY, CLIFF	1.2 NAME	
STREET ADDRESS	4575 SE WILLIAMS WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART, FL 34997	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVLIK, THOMAS	2.2 NAME	
STREET ADDRESS	4789 GLRN RIDGE TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON-PAVLIK, CONNIE	3.2 NAME	
STREET ADDRESS	4789 SE GLEN RIDGE TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART, FL 34997	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, TONY	4.2 NAME	
STREET ADDRESS	4776 MANATEE TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	STUART, FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, PAT	5.2 NAME	
STREET ADDRESS	4259 ROBERTSON ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARLEY, PAT	6.2 NAME	
STREET ADDRESS	4750 ROCLAY POINT WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

5/1/97

561-287-8139

Daytime Phone • 0071825

CR2E037 (9/96)