

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # 732337

(1)

1. Corporation Name

ROCKY POINT HOME AND PROPERTY OWNERS ASSOCIATION
INC.



Principal Place of Business

Mailing Address

P O BOX 1293
PT SALERNO FL 34992

P O BOX 1293
PT SALERNO FL 34992

3. Date Incorporated or Qualified

04/02/1975

4. FEI Number

59-2421387

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NICHOLSON-PAVLIC, 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

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

(NOTE: Registered Agent signature required when reinstating)

9/10/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ZACKEY, CLIFF
STREET ADDRESS 4575 SE WILLIAMS WAY
CITY-ST-ZIP STUART, FL 34997
☒ DELETE

1.1 TITLE
1.2 NAME VACANT
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE VP
NAME PAVLIK, THOMAS
STREET ADDRESS 4789 GLEN RIDGE TRAIL
CITY-ST-ZIP STUART FL
☒ DELETE

2.1 TITLE VP
2.2 NAME JACK BOISSEAU
2.3 STREET ADDRESS 4873 SE BAYSHORE TERR
2.4 CITY-ST-ZIP STUART FL 34997
☐ Change ☒ Addition

TITLE TR
NAME NICHOLSON-PAVLIC, CONNIE
STREET ADDRESS 4789 SE GLEN RIDGE TRAIL
CITY-ST-ZIP STUART, FL 34997
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME FRANKLIN, TONY
STREET ADDRESS 4776 MANATEE TERRACE
CITY-ST-ZIP STUART, FL
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME TOBIN, PAT
STREET ADDRESS 4250 ROBERTSON ROAD
CITY-ST-ZIP STUART FL
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE D
NAME VARLEY, PAT
STREET ADDRESS 4750 ROCLAY POINT WAY
CITY-ST-ZIP STUART FL
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

Date

Daytime Phone #

9/10/98 561-287-8139

CR2E037 (5/98)