


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90024 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 732337</b>					
1. Corporation Name <b>ROCKY POINT HOME AND PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business P O BOX 1293 PT SALERNO FL 34992			Mailing Address P O BOX 1293 PT SALERNO FL 34992		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/02/1975	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2421387	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NICHOLSON-PAVLIC, CONNIE 4789 GLEN RIDGE TRAIL STUART FL 34997		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	ZACKEY, CLIFF	1.2 NAME	Joann Scharf
STREET ADDRESS	4575 SE WILLIAMS WAY	1.3 STREET ADDRESS	5496 SE Reef Way
CITY-ST-ZIP	STUART, FL 34997	1.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	VP	2.1 TITLE	VP
NAME	BOISSEU, JACK	2.2 NAME	David Delater
STREET ADDRESS	4873 SE BAYSHORE TERR	2.3 STREET ADDRESS	5100 SE Pine Ridge Way
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TR	3.1 TITLE	Treasurer
NAME	NICHOLSON-PAVLIC, CONNIE	3.2 NAME	Elaine Zumsteg
STREET ADDRESS	4789 SE GLEN RIDGE TRAIL	3.3 STREET ADDRESS	4620 SE Quail Trail
CITY-ST-ZIP	STUART, FL 34997	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D	4.1 TITLE	
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	5.1 TITLE	Director
NAME	TOBIN, PAT	5.2 NAME	Thomas Pavlik
STREET ADDRESS	4259 ROBERTSON ROAD	5.3 STREET ADDRESS	4799 SE Glen Ridge Trl
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	D	6.1 TITLE	
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

Daytime Phone #

CR2E037 (11/98)