

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90112 001 \*\*\*\*61.25

<b>DOCUMENT # 757988</b> 1. Entity Name <b>ROCKY POINT HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>2560 ROCKY POINT ROAD MALABAR, FL 32950 US</b>			Mailing Address <b>3445 HUGGINS DRIVE MALABAR, FL 32950 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2996237</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>YUST, JOHN. 2560 ROCKY POINT RD. MALABAR, FL 32950</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, MICHAEL</b>		NAME	<b>ABARE, WAYNE</b>	
STREET ADDRESS	<b>3445 HUGGINS DR</b>		STREET ADDRESS	<b>2530 ROCKY POINT RD.</b>	
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>		CITY-ST-ZIP	<b>MALABAR, FL 32950</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAMS, SHERRY</b>		NAME	<b>ADAMS, KEN</b>	
STREET ADDRESS	<b>2595 CORAL WAY</b>		STREET ADDRESS	<b>2595 CORAL WAY</b>	
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>		CITY-ST-ZIP	<b>MALABAR, FL 32950</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABARE, WAYNE</b>		NAME	<b>DE FERDINANDO, GEORGE</b>	
STREET ADDRESS	<b>2530 ROCKY POINT RD</b>		STREET ADDRESS	<b>2560 CORAL WAY</b>	
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>		CITY-ST-ZIP	<b>MALABAR, FL 32950</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KURTH, PATSY</b>		NAME		
STREET ADDRESS	<b>2540 ROCKY POINT RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORDIER, MICHAEL</b>		NAME		
STREET ADDRESS	<b>2570 CORAL WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OLDHAM, RICHARD</b>		NAME		
STREET ADDRESS	<b>2580 CORAL WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MALABAR, FL 32950</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Michael Morrison</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>SARA O. MORRISON, TREASURER</b> <small>Date</small>		
			<b>23 March 2006 321-725-6347</b> <small>Daytime Phone #</small>		