

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90036 031 ****61.25

DOCUMENT # 757988

1. Entity Name

ROCKY POINT HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2560 ROCKY POINT ROAD
MALABAR FL 32950
US**

**3445 HUGGINS DRIVE
MALABAR FL 32950
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2996237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YUST, JOHN.
2560 ROCKY POINT RD.
MALABAR FL 32950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MORRISON, MICHAEL**
STREET ADDRESS **3445 HUGGINS DR**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SARA MORRISON**
STREET ADDRESS **3445 HUGGINS DRIVE**
CITY-ST-ZIP **MALABAR, FL 32950**

TITLE **D** ☐ Delete
NAME **ADAMS, KEN**
STREET ADDRESS **2595 CORAL WAY**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ABARE, WAYNE**
STREET ADDRESS **2530 ROCKY POINT RD**
CITY-ST-ZIP **MALABAR FL 32905**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ABARE, WAYNE**
STREET ADDRESS **2530 ROCKY POINT RD**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CORDIER, MICHAEL**
STREET ADDRESS **2570 CORAL WAY**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DE FERDINANDO, GEORGE**
STREET ADDRESS **2560 CORAL WAY**
CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Sara Morrison **SARA MORRISON**

APRIL 3, 2007 321-725-6347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #