

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757988

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** ROCKY POINT HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2560 ROCKY POINT ROAD  
MALABAR, FL 32950 US

**New Principal Place of Business:**

**Current Mailing Address:**

3445 HUGGINS DRIVE  
MALABAR, FL 32950 US

**New Mailing Address:**

**FEI Number:** 59-2996237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORRISON, MICHAEL  
Address: 3445 HUGGINS DR  
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete  
Name: ADAMS, KEN  
Address: 2595 CORAL WAY  
City-St-Zip: MALABAR, FL 32950

Title: VP ( ) Delete  
Name: ABARE, WAYNE  
Address: 2530 ROCKY POINT RD  
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete  
Name: MORRISON, SARA  
Address: 3445 HUGGINS DR  
City-St-Zip: MALABAR, FL 32950

Title: D ( ) Delete  
Name: DE FERDINANDO, GEORGE  
Address: 2560 CORAL WAY  
City-St-Zip: MALABAR, FL 32950

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ABARE, WAYNE  
Address: 2530 ROCKY POINT RD  
City-St-Zip: MALABAR, FL 32950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CORDIER, MICHAEL  
Address: 2570 CORAL WAY  
City-St-Zip: MALABAR, FL 32950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA C. MORRISON

D

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date