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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 09 AM 9:14

DOCUMENT # **764348** (9)

1. Corporation Name

ROCKY POINT ISLAND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3030 N. ROCKY POINT DRIVE WEST STE. 760 TAMPA FL 33607 US	3030 N. ROCKY POINT DRIVE WEST STE. 760 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1982
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3010686 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2506 Rocky Point Drive	26 2506 Rocky Point Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tampa, Florida	28 Tampa, Florida
24 Zip 33607 / 25 Country U.S.	29 Zip 33607 / 30 Country U.S.

9. Name and Address of Current Registered Agent

AYE, WALTER EDWARDS
1 TAMPA CITY CENTER
SUITE 2865
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Levin, Charles J.
82 Street Address (P.O. Box Number is Not Acceptable): 9385 North 56th St.
83 Suite 200
84 City: Temple Terrace FL 85 Zip Code: 33617-5594

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 5-15-95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HOMENUK, LONNIE	12 NAME	Loida, Robert	
STREET ADDRESS	2701 ROCKY POINT DR	13 STREET ADDRESS	2701 Rocky Point Dr.	
CITY-ST-ZIP	TAMPA FL 33607	14 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VD	21 TITLE	SD	☒ Change ☐ Addition
NAME	NATHAN, CATHY	22 NAME	Sullivan, Andrew	
STREET ADDRESS	3030 N. ROCKY POINT DR., W. #760	23 STREET ADDRESS	2502 Rocky Point Dr.	
CITY-ST-ZIP	TAMPA FL 33607	24 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	STD	31 TITLE	TD	☒ Change ☐ Addition
NAME	HIOTT, SUSAN	32 NAME	Read, Jana M.	
STREET ADDRESS	2502 ROCKY POINT DR	33 STREET ADDRESS	2506 Rocky Point Dr.	
CITY-ST-ZIP	TAMPA FL 33607	34 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Jana M. Read 5/11/95 (813)281-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0083001