

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764348

1. Corporation Name

Rocky Point Island Association, Inc.

Principal Place of Business

Mailing Address

2506 Rocky Point Drive
Tampa, FL 33607
US

2506 Rocky Point Dr.
Tampa, FL 33607
US

3. Date Incorporated or Qualified
07/28/1982

3a. Date of Last Report
05/11/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3010686

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Levin, Charles J.
9385 North 56th Street
Suite 200
Temple Terrace, FL 33617-5594

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

DELETE

NAME

Loida, Robert

STREET ADDRESS

2701 Rocky Point Dr.

CITY-STATE-ZIP

Tampa, FL 33607

TITLE

SD

DELETE

NAME

Sullivan, Andrew

STREET ADDRESS

2502 Rocky Point Dr.

CITY-STATE-ZIP

Tampa, FL 33607

TITLE

TD

DELETE

NAME

Read, Jana M.

STREET ADDRESS

2506 Rocky Point Dr.

CITY-STATE-ZIP

Tampa, FL 33607

TITLE

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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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)(k), 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

4/22/96

(813) 281-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)