
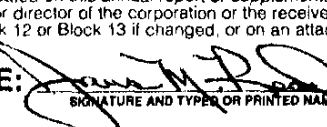


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS													
<b>DOCUMENT # 764348</b> 1. Corporation Name <p style="text-align: center;"><b>Rocky Point Island Association, Inc.</b></p>																	
Principal Place of Business <b>2506 Rocky Point Drive</b> <b>Tampa, FL 33607</b> <b>US</b>			Mailing Address <b>2506 Rocky Point Drive</b> <b>Tampa, FL 33607</b> <b>US</b>														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>DELETE SUITE # ON FILE</b> 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>DELETE SUITE # ON FILE</b> 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified <b>07/28/1982</b> 3a. Date of Last Report <b>4/22/96</b> 4. FEI Number <b>59-3010686</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
9. Name and Address of Current Registered Agent • <b>Levin, Charles J.</b> <b>9385 North 56th Street</b> • <b>Suite 200</b> <b>Temple Terrace, FL 33617-5594</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> <b>FL</b> 85 Zip Code       </div>														
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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____																	
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE  <b>PD</b> <input type="checkbox"/> DELETE            NAME  <b>Loida, Robert</b>            STREET ADDRESS  <b>2701 Rocky Point Dr. Suite #1110</b>            CITY-ST-ZIP  <b>Tampa, FL 33607</b> </td> <td style="width:50%;">           1.1 TITLE            1.2 NAME            1.3 STREET ADDRESS            1.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE  <b>TD</b> <input type="checkbox"/> DELETE            NAME  <b>Read, Jana M.</b>            STREET ADDRESS  <b>2506 Rocky Point Dr.</b>            CITY-ST-ZIP  <b>Tampa, FL 33607</b> </td> <td>           2.1 TITLE            2.2 NAME            2.3 STREET ADDRESS            2.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE  <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           3.1 TITLE            3.2 NAME            3.3 STREET ADDRESS            3.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE  <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           4.1 TITLE            4.2 NAME            4.3 STREET ADDRESS            4.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE  <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           5.1 TITLE            5.2 NAME            5.3 STREET ADDRESS            5.4 CITY-ST-ZIP         </td> </tr> <tr> <td>           TITLE  <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td>           6.1 TITLE            6.2 NAME            6.3 STREET ADDRESS            6.4 CITY-ST-ZIP         </td> </tr> </table>			TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>Loida, Robert</b> STREET ADDRESS <b>2701 Rocky Point Dr. Suite #1110</b> CITY-ST-ZIP <b>Tampa, FL 33607</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE <b>TD</b> <input type="checkbox"/> DELETE NAME <b>Read, Jana M.</b> STREET ADDRESS <b>2506 Rocky Point Dr.</b> CITY-ST-ZIP <b>Tampa, FL 33607</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Jennifer Hatchett</b>  <b>2502 Rocky Point Dr. Suite # 1080</b>  <b>Tampa, FL 33607</b>  <div style="text-align: right;"> <b>CS</b>  <b>5/6/97</b> </div> </div> <div style="text-align: right; margin-top: 10px;"> <b>700002170817</b>  <b>-05/08/97--01008--090</b>  <b>***61.25</b> </div>		
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14. I do hereby certify that the information supplied with this filing 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.																	
<b>SIGNATURE:</b> 			<b>Jana M. Read</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR														
			Date <b>4/28/97</b> (13) 281-9599 3/10/97														

CR2ED37 (9/96)