

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90009 021 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 764348** ✓

1. Corporation Name

**ROCKY POINT ISLAND ASSOCIATION, INC.**

Principal Place of Business

2506 ROCKY POINT DR  
TMAPA FL 33607  
US

Mailing Address

2506 ROCKY POINT DR  
TMAPA FL 33607  
US



2. Principal Place of Business

21 **2502 Rocky Point Dr.**

Suite/Apt. #, etc.

22 **862**

City & State

23 **Tampa, FL**

Zip

24 **33607**

Country

25 **USA**

2a. Mailing Address

26 **2502 Rocky Point Dr.**

Suite/Apt. #, etc.

27 **862**

City & State

28 **Tampa, FL**

Zip

29 **33607**

Country

30 **USA**

3. Date Incorporated or Qualified

**07/28/1982**

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

9. Name and Address of Current Registered Agent

LEVIN, CHARLES J  
9385 NORTH 56TH ST  
SUITE 200  
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name **Levin, Charles J.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**400 N. Ashley Dr.**  
83 **#1950**  
84 City **Tampa** FL 85 Zip Code **33602**

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

TITLE **PD** ☐ DELETE  
NAME **LOIDA, ROBERT**  
STREET ADDRESS **2701 ROCKY POINT DR**  
CITY-ST-ZIP **TMAPA FL 33607**

TITLE **TD** ☒ DELETE  
NAME **READ, JANA M**  
STREET ADDRESS **2506 ROCKY POINT DR**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **SD** ☐ DELETE  
NAME **HATCHETT, JENNIFER**  
STREET ADDRESS **2502 ROCKY POINT DR SUITE #1080**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **TD** ☒ Change ☐ Addition  
2.2 NAME **Denise R. Butler**  
2.3 STREET ADDRESS **2502 Rocky Point Dr. #862**  
2.4 CITY-ST-ZIP **Tampa, FL 33607**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Jennifer Hatchett**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/3-21-0190**

CR2E037 (11/98)

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