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Jul 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 33807 US
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2. Principal Place of Business 21 2502 Rocky Point Dr. (Suite) Apt. #, etc. 22 862 City & State 23 Tampa, FL Zip Country 24 33607 25 USA	2a. Mailing Address 26 2502 Rocky Point Dr. (Suite) Apt. #, etc. 27 862 City & State 28 Tampa, FL Zip Country 29 33607 30 USA	3. Date Incorporated or Qualified 07/28/1982	4. FEI Number 59-3010686	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 **33682**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOIDA, ROBERT	
STREET ADDRESS	2701 ROCKY POINT DR	
CITY-ST-ZIP	TMAPA FL 33607	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	READ, JANA M	
STREET ADDRESS	2506 ROCKY POINT DR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HATCHETT, JENNIFER	
STREET ADDRESS	2502 ROCKY POINT DR SUITE #1080	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD Denise R. Butler
2.3 STREET ADDRESS	2502 Rocky Point Dr. #862
2.4 CITY-ST-ZIP	Tampa, FL 33607
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED _____ Date _____ Daytime Phone # **813-211-0190**

CR2E037 (11/98)