


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N38103</b>					
1. Corporation Name <b>RASTRELLI'S ROOST PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5505 SE AULT STUART FL 34997</b>			Mailing Address <b>5505 SE AULT STUART FL 34997</b>		

FILED

98 JUL 13 PM 1:20

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/11/1990</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0342849</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>RASTRELLI, MARLENE 5505 SE AULT AVE STUART FL 34997</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 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	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASTRELLI, ALFRED J.</b>	12 NAME	
STREET ADDRESS	<b>5505 SE AULT</b>	13 STREET ADDRESS	<b>600002940566--3</b>
CITY-ST-ZIP	<b>STUART FL 34997</b>	14 CITY-ST-ZIP	<b>-07/23/99--01094--002</b>
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	21 TITLE	<b>*****61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASTRELLI, MARLENE</b>	22 NAME	
STREET ADDRESS	<b>5505 SE AULT</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34997</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASTRELLI, MARLENE</b>	32 NAME	
STREET ADDRESS	<b>5505 SE AULT</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34997</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASTRELLI, VERA</b>	42 NAME	
STREET ADDRESS	<b>5505 SE AULT AVE.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL 34997</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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. 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:

*Marlene Rastrelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2799 5612832592  
Date Daytime Phone

0075916

CR2E037 (11/98)

**HUNTER INVESTMENTS, INC.**

5505 S.E. AULT AVE. 561-283-2592  
STUART, FL 34997


810

Date 4-27-99

63-515/670  
03

Pay to the order of Department of State  
Sixty One + 25

\$ 61.25

Dollars 



**First National**  
BANK AND TRUST COMPANY

THE SUPERCOMMUNITY BANK  
STUART, FLORIDA 34996

For Annual Comppt. 65-0342 849

Marlene Pastore

⑈000810⑈ ⑆067005158⑆

2220691631⑈

7-6-99

Dear Sirs,

I am sending you  
a copy of my 1st notice  
and check mailed on  
4-27-99 with a replacement  
check being that original  
has not been received by  
you or returned to me.

Sincerely,

Marlene Rastrelli  
Rastrelli's Roost  
POA  
65-0342849