### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 728783** 

Entity Name: ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED** Apr 05, 2023 **Secretary of State** 2812372526CC

## **Current Principal Place of Business:**

5656 SE NASSAU TERRACE STUART, FL 34997

## **Current Mailing Address:**

P.O. BOX 502

PORT SALERNO. FL 34992 US

FEI Number: 30-0628311 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STUART FL 34997

JACKSON, PAM 5656 SE NASSAU TERRACE STUART, FL 34997 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAM JACKSON 04/05/2023

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail :

City-State-Zip:

Title	PRESIDENT	Title	SECRETARY
Name	JACKSON, PAMELA	Name	FOSTER, PATTI

5385 SE MATOUSEK STREET Address 5656 NASSAU TERRACE Address

STUART FL 34997 STUART FL 34997 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR Name LARSON, WILL Name HUNT, SHENA Address 5335 MATOUSEK ST Address 5076 SE ORANGE STREET STUART FL 34997 City-State-Zip:

Title DIRECTOR **DIRECTOR** Title

Name MEISENBACHER, JOHN DIAZ. RALPH Name Address 5272 SE NASSAU TERR Address 5262 SE NASSAU TERRACE

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title DIRECTOR Title **TREASURER** Name CAPUTE, JOHN STONE, CHERYL Name

5395 SE ORANGE STREET Address 5695 SE MATOUSEK ST Address

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/05/2023 SIGNATURE: CHERYL STONE **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP

Name THOMAS, AUSTIN

Address 4035 SE BAY STREET

City-State-Zip: STUART FL 34997