

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728783

FILED
Apr 18, 2019
Secretary of State
6704190437CC

Entity Name: ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5385 SE MATOUSEK STREET
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:

EVANS, WARREN
5385 SE MATOUSEK STREET
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: WARREN EVANS

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name EVANS, WARREN
Address 5385 SE MATOUSEK STREET
City-State-Zip: STUART FL 34997

Title T
Name GILLMAN, JO
Address 5697 SE MAJOR WAY
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name NEIDHART, RICHARD
Address 5192 SE NASSAU TERRACE
City-State-Zip: STUART FL 34997

Title VP
Name LEE, SHERRI
Address 5632 SE NASSAU TERR
City-State-Zip: STUART FL 34997

Title SECRETARY
Name STARRATT, DAWN
Address 5242 SE NASSAU TERR
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name CARROLL, BILL
Address 5232 SE NASSAU TERR
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name MERRILL, JACK
Address 4291 SE GLADES AVE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name MEISENBACHER, JOHN
Address 5352 SE NASSAU TERR
City-State-Zip: STUART FL 34997

Continues on page 2

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.

SIGNATURE: JO GILLMAN

TREASURER

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name COMBS, JOHN

Address 5145 SE MATOUSEK ST

City-State-Zip: STUART FL 34997