

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728783

Entity Name: ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 15, 2021
Secretary of State
2950166432CC

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:

JO, GILLMAN
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: JO GILLMAN

03/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JACKSON, PAMELA
Address 5656 NASSAU TERRACE
City-State-Zip: STUART FL 34997

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

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

Title DIRECTOR
Name SWARTZ, MIKE
Address 5146 SE MANATEE TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name LOTT, BRENT
Address 5416 SE ORANGE STREET
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name MEISENBACHER, JOHN
Address 5272 SE NASSAU TERR
City-State-Zip: STUART FL 34997

Title TREASURER
Name STONE, CHERYL
Address 5695 SE MATOUSEK ST
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name RIVERA, ED
Address 5366 SE ORANGE STREET
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.

SIGNATURE: JO GILLMAN

SECRETARY

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THOMAS, AUSTIN
Address 4035 SE BAY STREET
City-State-Zip: STUART FL 34997