

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728783

**Entity Name:** ROCKY POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC8923270758**

**Current Principal Place of Business:**

S.E. NASSAU TERR.  
PORT SALERNO, FL 34992

**Current Mailing Address:**

P.O. BOX 502  
PORT SALERNO, FL 34992

**FEI Number: 30-0628311**

**Certificate of Status Desired: Yes**

**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**

**02/27/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VPD  
Name HALVERSON, LEE  
Address 5365 SE MATOUSEK  
City-State-Zip: STUART FL 34997

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

Title T  
Name FILLMAN, KATHERINE  
Address 4227 SE GLADES  
City-State-Zip: STUART FL 34997

Title D  
Name SMITH, BARRY  
Address 5362 SE NASSAU TERRACE  
City-State-Zip: STUART FL 34997

Title D  
Name CARROLL, WILLIAM  
Address 5232 SE NASSAU TERRACE  
City-State-Zip: STUART FL 34997

*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: KATHERINE FILLMAN**

**TREASURER**

**02/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date