

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100002150

Entity Name: ROOKERY POINTE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 30, 2019
Secretary of State
4531524552CC

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104 US

FEI Number: 65-1118753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH #215
NAPLES, FL 34104 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: ROBERT ROSENOW

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LEVINE, KENNETH
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 #215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name MEHMEL, EDWARD
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 #215
City-State-Zip: NAPLES FL 34104

Title VP
Name SCHWARTZ, HENRY
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name MICELI, JOE
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DRIVE SOUTH
 #215
City-State-Zip: NAPLES FL 34104

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: KENNETH LEVINE

TREAS

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date