

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721967 (8)
1. Corporation Name
ROTHMOOR ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**405 CARA CT.
LARGO FL 34641
US** **103 CLEVELAND AV. S.W.
LARGO FL 34640
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1971		3a. Date of Last Report 02/16/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1539184		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAUSER, RICHARD B C/O RESOURCE PROPERTY MANAGEMENT 1601 EAST BAY DRIVE, #4 LARGO FL 34641				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 103 CLEVELAND AV. S.W.			
				83			
				84 City LARGO FL FL 85 Zip Code 34640			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORRIHER, LUTHR			12 NAME	ROY OLDHAM		
STREET ADDRESS	705 MINDY DR			13 STREET ADDRESS	1201 CARA DR.		
CITY-ST-ZIP	LARGO FL			14 CITY-ST-ZIP	LARGO, FL. 34641		
TITLE	VPD	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVELLO, IRENE			22 NAME			
STREET ADDRESS	1305 CARA DR			23 STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 00000			24 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		31 TITLE	P/S/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUCKS, CARL			32 NAME	PAT GUTMAN		
STREET ADDRESS	901 CARA DR			33 STREET ADDRESS	1206 CARA DR		
CITY-ST-ZIP	LARGO FL			34 CITY-ST-ZIP	LARGO, FL 34641		
TITLE	D	<input checked="" type="checkbox"/> DELETE		41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LITTLE, EARL			42 NAME	NICK DEPOCULO		
STREET ADDRESS	804 MINDY DR			43 STREET ADDRESS	903 CARA DR.		
CITY-ST-ZIP	LARGO FL			44 CITY-ST-ZIP	LARGO, FL 34641		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		51 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OLDHAM, MARY JO			52 NAME	DONALD PIOTTER		
STREET ADDRESS	1201 CARA DR.			53 STREET ADDRESS	1302 CARA DR		
CITY-ST-ZIP	LARGO FL			54 CITY-ST-ZIP	LARGO, FL 34641		
TITLE	D	<input checked="" type="checkbox"/> DELETE		61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JANOW, SID			62 NAME	TOM RIVELLO		
STREET ADDRESS	1205 CAR DR			63 STREET ADDRESS	1305 CARA DR		
CITY-ST-ZIP	LARGO FL			64 CITY-ST-ZIP	LARGO, FL 34641		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
ROY E. OLDHAM

1/25/96

Date

(813) 581-2662

Daytime Phone #

CR2E037 (12/95)