


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 405 CARA CT. LARGO FL 34641 US	Mailing Address 103 CLEVELAND AV., S.W. LARGO FL 34640 US
--	---

3. Date Incorporated or Qualified 10/29/1971	
4. FEI Number 59-1539184	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29 33770	Country 30

9. Name and Address of Current Registered Agent

**RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE. S.W.
LARGO FL 33770**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME OLDHAM, ROY	
STREET ADDRESS 1201 CARA DR	
CITY-ST-ZIP LARGO FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME RIVELLO, IRENE	
STREET ADDRESS 1305 CARA DR	
CITY-ST-ZIP LARGO, FL 00000	
TITLE SD	<input type="checkbox"/> DELETE
NAME PIOTTER, JUDY	
STREET ADDRESS 304 MINDY DRIVE	
CITY-ST-ZIP LARGO FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME GUTMAN, PAT	
STREET ADDRESS 1206 CORA DRIVE	
CITY-ST-ZIP LARGO FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BOHLMANN, ELFIEDE	
STREET ADDRESS 708 MINDY DRIVE	
CITY-ST-ZIP LARGO FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME DEPOOLE, PAT	
STREET ADDRESS 903 CORA DRIVE	
CITY-ST-ZIP LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Tom Liebowitz	
1.3 STREET ADDRESS 904 Cara Dr.	
1.4 CITY-ST-ZIP Largo, FL	
2.1 TITLE DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME John Miller	
2.3 STREET ADDRESS 1101 Cara Dr.	
2.4 CITY-ST-ZIP Largo, FL	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Audrey Potter	
4.3 STREET ADDRESS 1302 Cara Dr.	
4.4 CITY-ST-ZIP Largo, FL	
5.1 TITLE DI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Leonard J. Willis	
5.3 STREET ADDRESS 103 Mindy Dr.	
5.4 CITY-ST-ZIP Largo, FL	
6.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Joe Gmrick	
6.3 STREET ADDRESS 501 Cora Ct.	
6.4 CITY-ST-ZIP Largo, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CFR2037 (10/97)