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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721967

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 33770
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/29/1971

4. FEI Number

59-1539184

Applied For

Not Applicable

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

☐

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

1/8/99
/DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TOM LEBOWITZ Lebowitz
STREET ADDRESS 904 CARA DR 1102
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE D
NAME JOHN MILLER
STREET ADDRESS 1101 CARA DR
CITY-ST-ZIP LARGO, FL 00000

☐ DELETE

TITLE SD
NAME PIOTTER, JUDY
STREET ADDRESS 304 MINDY DRIVE
CITY-ST-ZIP LARGO FL

☒ DELETE

TITLE TD
NAME AUDREY PIOTTER
STREET ADDRESS 1302 CARA DR
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE D
NAME LEONARD J WILLS
STREET ADDRESS 103 MINDY DR
CITY-ST-ZIP LARGO FL

☒ DELETE

TITLE VPD
NAME JOE EMERICK EMERICK
STREET ADDRESS 501 CARA CT
CITY-ST-ZIP LARGO FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)