2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721967

FILED Mar 23, 2005 Secretary of State

Entity Name: ROTHMOOR ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
·					·			
405 CARA CT. LARGO, FL 34641 US					PROGRESSIVE MANAGEMENT 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			
Current Mailing Address:					New Mailing Address:			
7300 PARK ST SEMINOLE, FL 33777 US					4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			
FEI Number:	59-1539184	FEI	Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of	Status Desired ()
Name and	Address o	f Curre	nt Registered Agent:		Name and	Address o	f New Register	ed Agent:
ELLIS, JILL % RESOURCE PROPERTY MANAGEMENT 7300 PARK ST SEMINOLE, FL 33777 US					REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US			
	named enti of Florida.	ty submi	ts this statement for the po	urpose o	of changing it	ts registered	d office or registe	ered agent, or both,
SIGNATURE: MAUREEN REARDON							03/23/	2005
	Elect	ronic Sig	nature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPD TESTA, JEA 606 MINDY LARGO, FL	DR.	3		Title: Name: Address: City-St-Zip:		() Change () Ado	lition
Title: Name: Address: City-St-Zip:	TD MINICHELLO 907 CARA D LARGO, FL	DR.			Title: Name: Address: City-St-Zip:		() Change () Add	lition
Title: Name: Address: City-St-Zip:	D KEIZER, NA 502 CARA C LARGO, FL	OURT	3		Title: Name: Address: City-St-Zip:	PD MCFARLANI 901 CARA D LARGO, FL	DRIVE	dition
Title: Name: Address: City-St-Zip:	PD JEMPSON, 9 602 MINDY LARGO, FL	DR.	3		Title: Name: Address: City-St-Zip:	SD JEMPSON, 3 602 MINDY LARGO, FL	DR.	dition
Title: Name: Address: City-St-Zip:	D WISE, CARO 1203 CARA LARGO, FL	DR.	•		Title: Name: Address: City-St-Zip:		() Change () Add	lition
Title: Name: Address: City-St-Zip:	D SMITH, LINE 1204 CARA LARGO, FL	DR.	,		Title: Name: Address: City-St-Zip:		() Change () Add	lition
l barabu		: 	tion cumplied with this filin					d in 0-di-n 440.07(2)(i

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LIZA MCFARLAND PD 03/23/2005