

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

06-25-2003 90074 034 ****61.25

DOCUMENT # 721967

1. Entity 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**

44005571

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

7300 Park Street

City & State

City & State

Seminole, FL 33777

Zip

Country

Zip

Country

33777

USA

4. FEI Number **59-1539184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**THOMAS, DOROTHY
% RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE SW
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

Dorothy Thomas

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

40 Resource Property Management

7300 Park Street

City

Seminole

FL

Zip Code

33777

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dorothy Thomas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PIOTTER, JIM**
STREET ADDRESS **304 MINDY DR**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **VPD** ☐ Delete
NAME **AUDREY PIOTTER**
STREET ADDRESS **1302 CARA DR**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **SD** ☒ Delete
NAME **KEIZER, NANCY**
STREET ADDRESS **502 CORA CT.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **TD** ☐ Delete
NAME **JEMPSON, SHIRLEY**
STREET ADDRESS **802 MINDY DR.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **SD** ☐ Delete
NAME **BOHLMANN, ELFRIEDO**
STREET ADDRESS **703 MINDY DR.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete
NAME **APRIL MURKIN**
STREET ADDRESS **102 MINDY DRIVE**
CITY-ST-ZIP **LARGO FL 33771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **JIM PIOTTER**
STREET ADDRESS **304 MINDY DR.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☒ Change ☐ Addition
NAME **AUDREY PIOTTER**
STREET ADDRESS **1302 CARA DR.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☒ Change ☒ Addition
NAME **Mary Jo Oldham**
STREET ADDRESS **1201 CARA DR.**
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audrey Piotter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/03 727 588 1302
Date Daytime Phone

CR2E037 (10/02)