

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00 am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 725000 (4)

1. Corporation Name
ROTONDA WEST FIESTA ASSOCIATION, INC.



Principal Place of Business 44 BUNKER COURT ROTONDA WEST FL 33947 US	Mailing Address 44 BUNKER COURT ROTONDA WEST FL 33947 US
--	--

3. Date Incorporated or Qualified 12/11/1972		
4. FEI Number 59-1596350	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

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	

9. Name and Address of Current Registered Agent

**ROBINSON, RUTH
44 BUNKER COURT
ROTONDA WEST FL 33947**

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 Ruth Robinson, Treasurer Ruth Robinson 4-30-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PRICE, JERRY	
STREET ADDRESS	1 SPORTSMAN LN	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	R	<input type="checkbox"/> DELETE
NAME	ROBINSON, RUTH	
STREET ADDRESS	44 BUNKER COURT	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SISSEA, RUTH	
STREET ADDRESS	91 OAKLAND PLACE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THIBAUT, GEORGE	
STREET ADDRESS	258 ROTONDA CIRCLE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUDWIG, JOHN	
STREET ADDRESS	248 BUNKER ROAD	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCIRE, LYNN	
STREET ADDRESS	5 SEA WARD CIRCLE	
CITY-ST-ZIP	CAPE HAZE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Thibault, George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	258 Rotonda Circle
1.4 CITY-ST-ZIP	Rotonda West, FL 33947
2.1 TITLE	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Same
3.3 STREET ADDRESS	800002535498
3.4 CITY-ST-ZIP	05/26/98 01057-081
4.1 TITLE	Frank Pomarico <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	80 Mark Twain Lane
4.4 CITY-ST-ZIP	Rotonda West, FL 33947
5.1 TITLE	Peggy Giannino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	42 Bunker Road
5.4 CITY-ST-ZIP	Rotonda West, FL 33947
6.1 TITLE	Tom Samison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	9 Bunker Way
6.4 CITY-ST-ZIP	Rotonda West, FL 33947

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: Ruth Robinson 4-30-98

CR2E037 (10/97)