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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90002 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 725000

1. Corporation Name

ROTONDA WEST FIESTA ASSOCIATION, INC.

5 2 5 9 1 8 \*  
 525918 - 90002 - 36

Principal Place of Business

44 BUNKER COURT  
 ROTONDA WEST FL 33947  
 US

Mailing Address

44 BUNKER COURT  
 ROTONDA WEST FL 33947  
 US



2. Principal Place of Business

21 9 BUNKER WAY

Suite, Apt. #, etc.

22 City & State

23 ROTONDA W. FL

Zip

24 33947

Country

25 CHARLOTTE

2a. Mailing Address

26 9 BUNKER WAY

Suite, Apt. #, etc.

27 City & State

28 ROTONDA W. FL

Zip

29 33947

Country

30 CHARLOTTE

3. Date Incorporated or Qualified

12/11/1972

4. FEI Number

59-1596350

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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 THOMAS L. JAMISON  
 82 Street Address (P.O. Box Number is Not Acceptable) 9 BUNKER WAY  
 83  
 84 City ROTONDA W. FL 85 Zip Code 33947

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: THOMAS L. JAMISON - TREASURER

5/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	THIBAUT, GEORGE	
STREET ADDRESS	258 ROTONDA CIRCLE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, RUTH	
STREET ADDRESS	44 BUNKER COURT	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SISSEA, RUTH	
STREET ADDRESS	91 OAKLAND PLACE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POMARICO, FRANK	
STREET ADDRESS	80 MARK TWAIN LANE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIANNINO, PEGGY	
STREET ADDRESS	112 BUNKER ROAD	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMISON, TOM	
STREET ADDRESS	9 BUNKER WAY	
CITY-ST-ZIP	ROTONDA WEST FL 33947	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS L. JAMISON
2.3 STREET ADDRESS	9 BUNKER WAY
2.4 CITY-ST-ZIP	ROTONDA W. FL 33947
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D JAY MERITZER
3.3 STREET ADDRESS	27 BUNKER TERR.
3.4 CITY-ST-ZIP	S ROTONDA, FL 33947
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	POMARICO FRANK
4.3 STREET ADDRESS	80 MARK TWAIN LANE
4.4 CITY-ST-ZIP	ROTONDA W, FL 33947
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KELLY TOM
6.3 STREET ADDRESS	12 SPORTSMAN WAY
6.4 CITY-ST-ZIP	ROTONDA W, 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 817, 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: THOMAS L. JAMISON 5/5/99 941-698-1484

CR2E037 (11/98)