


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768966** (4)

1. Corporation Name  
**ROTONDA WEST FLOTILLA, INC.**



Principal Place of Business <b>C/O KENNETH C. DONOVAN 138 ROTONDA CIRCLE ROTONDA WEST FL 33947</b>	Mailing Address <b>C/O KENNETH C. DONOVAN 138 ROTONDA CIRCLE ROTONDA WEST FL 33947-2243</b>
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3. Date Incorporated or Qualified <b>06/16/1983</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business <b>21 240 Capstan Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 240 Capstan Drive</b> Suite, Apt. #, etc.
22 City & State <b>23 Cape Haze, FL</b>	27 City & State <b>28 Cape Haze, FL</b>
24 Zip <b>33946</b>	25 Country <b>USA</b>
29 Zip <b>33946</b>	30 Country <b>USA</b>

4. FEI Number <b>59-1808772</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KENNETH C. DONOVAN  
138 ROTONDA CIRCLE  
ROTONDA WEST FL 33947**

10. Name and Address of New Registered Agent

81 Name <b>ELDON D. CORBIN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>240 Capstan Drive</b>
83
84 City <b>Cape Haze</b>
85 State <b>FL</b>
Zip Code <b>33946</b>

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 **ELDON D. CORBIN** *Eldon D. Corbin* **4-15-97**  
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	PD	<input type="checkbox"/> DELETE
NAME	<b>CORBIN, ELDON D</b>	
STREET ADDRESS	<b>240 CAPSTAN DR.</b>	
CITY-ST-ZIP	<b>CAPE HAZE FL 33946</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>DONOVAN, KENNETH C</b>	
STREET ADDRESS	<b>138 ROTONDA CIRCLE</b>	
CITY-ST-ZIP	<b>ROTONDA WEST FL 33947</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>BROKAW, RICHARD L</b>	
STREET ADDRESS	<b>8171 DREW ST.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>MARCOTTE, JEAN A</b>	
STREET ADDRESS	<b>2570 OBERON ROAD</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HADDEN, STUART M</b>	
STREET ADDRESS	<b>8 ANNAPOLIS LANW</b>	
CITY-ST-ZIP	<b>ROTONDA WEST FL 33947</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, WISHEART F</b>	
STREET ADDRESS	<b>9252 W. SPRING CIRCLE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Jones, Howard J.</b>	
1.3 STREET ADDRESS	<b>208 Annapolis Lane</b>	
1.4 CITY-ST-ZIP	<b>Rotonda West, FL 33947</b>	
2.1 TITLE		<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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: **ELDON D. CORBIN** *Eldon D. Corbin* **15 April '97 941-697-2274**

CR2E037 (9/96)