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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

04-20-1999 90151 005 ****61.25

DOCUMENT # 768966

1. Corporation Name

ROTONDA WEST FLOTILLA, INC.

Principal Place of Business

240 CAPSTAN DR
CAPE HAZE FL 33946
US

Mailing Address

240 CAPSTAN DR
CAPE HAZE FL 33946
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/16/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1808772

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBIN, ELDON D
240 CAPSTAN DR
CAPE HAZE FL 33946

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME CORBIN, ELDON D
STREET ADDRESS 240 CAPSTAN DR.
CITY-ST-ZIP CAPE HAZE FL 33946

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME DONOVAN, KENNETH C
STREET ADDRESS 138 ROTONDA CIRCLE
CITY-ST-ZIP ROTONDA WEST FL 33947

2.1 TITLE Change Addition
2.2 NAME VPD
2.3 STREET ADDRESS REINER, Phyllis J.
2.4 CITY-ST-ZIP 7 BROADMOOR ROAD
ROTONDA WEST, FL 33947

TITLE TD DELETE
NAME BROKAW, RICHARD L
STREET ADDRESS 8171 DREW ST.
CITY-ST-ZIP ENGLEWOOD FL 34224

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME MARCOTTE, JEAN A
STREET ADDRESS 4255 TREETOPS DR
CITY-ST-ZIP PT CHARLOTTE FL 33953

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME HADDEN, STUART M
STREET ADDRESS 8 ANNAPOLIS LANW
CITY-ST-ZIP ROTONDA WEST FL 33947

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME HUDSON, WISHEART F
STREET ADDRESS 9252 W. SPRING CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

6.1 TITLE Change Addition
6.2 NAME D
6.3 STREET ADDRESS KELLY, JAMES E.
6.4 CITY-ST-ZIP 3 SPORTSMAN COURT
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, with all other like empowered.

SIGNATURE:

ELDON D CORBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 April '99 941-697-2274
Date Daytime Phone #

CR2E037 (11/98)