

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90010 049 \*\*\*\*61.25


**DOCUMENT # 768966**

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

Principal Place of Business: **9252 Spring Cir. Port Charlotte, FL 33981**

Mailing Address: **9252 Spring Cir. Port Charlotte, FL 33981**

*CHANGE*



**66426319**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country

3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: **59-1808772** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **WISEHEART, HUDSON F 9252 SPRING CIR. PORT CHARLOTTE FL 33981-3137**

7. Name and Address of New Registered Agent: Name; Street Address; City; State: **FL**; Zip Code

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 obligations of registered agent.

SIGNATURE: *W. Hudson F.* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WISEHEART, HUDSON F STREET ADDRESS: 9252 SPRING CIR. CITY-ST-ZIP: PORT CHARLOTTE FL 33981-3137	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: FAUST, GERALD STREET ADDRESS: 5755 DAVID BLVD. CITY-ST-ZIP: PORT CHARLOTTE FL 33981	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CORBIN, ELDON D STREET ADDRESS: 240 CAPSTAN DR. CITY-ST-ZIP: CAPE HAZE FL 33946	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: NEARY, DAVID M STREET ADDRESS: 7627 RATAN CIR. CITY-ST-ZIP: PORT CHARLOTTE FL 33981	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MEREDITH, JOHN STREET ADDRESS: 12 BROADMOOR RD. CITY-ST-ZIP: ROTONDA WEST FL 33947	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HUDSON, WISEHEART F STREET ADDRESS: 9252 W. SPRING CIRCLE CITY-ST-ZIP: PORT CHARLOTTE FL 33981	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fee empowered.

SIGNATURE: *W. Hudson F.* Date: **5/31/04** Daytime Phone #: **941-687-0423**