


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 768966 1. Entity Name ROTONDA WEST FLOTILLA, INC.	
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Principal Place of Business 9252 SPRING CIR PORT CHARLOTTE FL 33981 US	Mailing Address 9252 SPRING CIR PORT CHARLOTTE FL 33981 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-1808772	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WISHEART, HUDSON F
9252 SPRING CIR.
PORT CHARLOTTE FL 33981-3137**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WISHEART, HUDSON F			NAME			
STREET ADDRESS	9252 SPRING CIR.			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33981-3137			CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FAUST, GERALD			NAME			
STREET ADDRESS	5755 DAVID BLVD.			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33981			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	CORBIN, ELDON D.			NAME			
STREET ADDRESS	240 CAPSTAN DR.			STREET ADDRESS			
CITY - ST - ZIP	CAPE HAZE FL 33946			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NEARY, DAVID M			NAME			
STREET ADDRESS	7627 RATAN CIR.			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33981			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	MEREDITH, JOHN			NAME			
STREET ADDRESS	12 BROADMOOR RD.			STREET ADDRESS			
CITY - ST - ZIP	ROTONDA WEST FL 33947			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HUDSON, WISHEART F			NAME			
STREET ADDRESS	9252 W. SPRING CIRCLE			STREET ADDRESS			
CITY - ST - ZIP	PORT CHARLOTTE FL 33981			CITY - ST - ZIP			

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 file this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE: WISHEART F. HUDSON (941) 697-4237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #