

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90031 044 ****61.25

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DOCUMENT # 768966

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1808772**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORBIN, ELDON D
240 CAPSTAN DR
CAPE HAZE FL 33946**

Name

WISHEART F. HUDSON

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

9252 SPRING CIRCLE

City

PORT CHARLOTTE

FL

Zip Code

33981-3137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORBIN, ELDON D 240 CAPSTAN DR. CAPE HAZE FL 33946	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REINER, PHYLLIS J 7 BROADMOOR RD. ROTONDA WEST-FL 33947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROKAW, RICHARD L 8171 DREW ST. ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAFIGAN, ANDREW 262 ANAPOLIS LN. ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, GERALD S 5755 DAVID BLVD. PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, WISHEART F 9252 W. SPRING CIRCLE PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISHEART F. HUDSON 9252 SPRING CIRCLE PORT CHARLOTTE, FL. 33981-3137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GERALD FAUST 5755 DAVID BLVD. PORT CHARLOTTE, FL. 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELDON D. CORBIN 240 CAPSTAN DR. CAPE HAZE, FL. 33946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVID M. NEARY 7627 RATAN CIRCLE PORT CHARLOTTE, FL. 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN MEREDITH 12 BROADMOOR ROAD ROTONDA WEST, FL. 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowerment.

SIGNATURE:

Wishart F. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

(941) 697-4237
Daytime Phone #

CR2E037 (10/02)