


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90035 007 ****61.25

DOCUMENT # N96000005878

1. Entity Name
GREATER ROTONDA ORGANIZATION, INC.




Principal Place of Business Mailing Address

244 MARK TWAIN LANE 244 MARK TWAIN LANE
 ROTONDA WEST, FL 33947 US ROTONDA WEST, FL 33947 US

DO NOT WRITE IN THIS SPACE

40070000



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, W. KEVIN
 18501 MURDOCK CIRCLE
 SIXTH FLOOR
 PORT CHARLOTTE, FL FL

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, FRED D 125 BUNKER ROAD ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COY, WILLARD A 244 MARK TWAIN LANE ROTONOA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, KEN 288 INNOPOLIS LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerers.

SIGNATURE: *Willard A. Coy* WILLARD A. COY 3/17/07 941-697-6208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #