

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725000

**FILED**  
**Jan 08, 2016**  
**Secretary of State**  
**CC2481683470**

**Entity Name:** ROTONDA WEST FIESTA ASSOCIATION, INC.

**Current Principal Place of Business:**

ROTONDA WEST COMMUNITY CENTER  
646 ROTONDA CIRCLE  
ROTONDA WEST, FL 33947

**Current Mailing Address:**

ROTONDA WEST COMMUNITY CENTER  
646 ROTONDA CIRCLE  
ROTONDA WEST, FL 33947 US

**FEI Number:** 59-1596350

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAIT, JEANNE M  
20 BUNKER TERRACE  
ROTONDA WEST, FL 33947 US

*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.*

**SIGNATURE:** JEANNE M TAIT

01/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name STEVENSON, TONI  
Address 112 CREVALLE ROAD  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name DAMON, EUGENE W  
Address 64 MARKER ROAD  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name GLEASON, DONNA  
Address 23 MEDALIST WAY  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name GLADSTONE, SANDI  
Address 23 PAR VIEW ROAD  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name HOPPE, NANCY  
Address 36 MEDALIST PLACE  
City-State-Zip: ROTONDA WEST FL 33947

Title TREASURER  
Name TAIT, JEANNE  
Address 20 BUNKER TERR.  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name DAMON, JUDY  
Address 64 MARKER ROAD  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name STEVENSON, STEVE  
Address 112 CREVALLE ROAD  
City-State-Zip: ROTONDA WEST FL 33947

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEANNE M TAIT

**TREASURER**

01/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MESSICK, HAP  
Address 101 BUNKER ROAD  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name LAWSON, PAUL  
Address 307 CALLE LIANA  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name MELLO, JOY  
Address 15490 AQUA CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33981

Title DIRECTOR  
Name MCDOWELL, MAUREEN  
Address 74 PINE VALLEY LANE  
City-State-Zip: ROTONDA WEST FL 33947

Title DIRECTOR  
Name LAWSON, PAT  
Address 307 CALLE LIANA  
City-State-Zip: ENGLEWOOD FL 34224