

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725000

**Entity Name:** ROTONDA WEST FIESTA ASSOCIATION, INC.**Current Principal Place of Business:**ROTONDA WEST COMMUNITY CENTER  
3754 CAPE HAZE DRIVE  
ROTONDA WEST, FL 33947**Current Mailing Address:**ROTONDA WEST COMMUNITY CENTER  
3754 CAPE HAZE DRIVE  
ROTONDA WEST, FL 33947 US**FEI Number:** 59-1596350**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, EDWIN J.  
25 SPORTSMAN PLACE  
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:** EDWIN MORRIS

01/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SD
Name	SIMPSON, BLANCHE J.
Address	194 BROADMOOR LANE
City-State-Zip:	ROTONDA WEST FL 33947

Title	TD
Name	MORRIS, EDWIN
Address	25 SPORTSMAN PLACE
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	DAMON, GENE
Address	64 MARKER ROAD
City-State-Zip:	ROTONDA WEST FL 33947

Title	DIRECTOR
Name	KEHOE, PEGGY
Address	139 CREVALLE ROAD
City-State-Zip:	ROTONDA WEST FL 33947

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

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:** EDWIN MORRIS**TREASURER**

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date