

2017 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
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:**MCDOWELL, MAUREEN E
74 PINE VALLEY LANE
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:** MAUREEN MCDOWELL

02/21/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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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: MAUREEN MCDOWELL

TREASURER

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name CLEMENS, DARWIN
Address 1047 ROTONDA CIRCLE
City-State-Zip: ROTONDA WEST FL 33947