

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Madham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 662918 (2)**  
1. Corporation Name  
**ROTONDA PROPERTIES, INC.**



Principal Place of Business: **4005 CAPE HAZE DR. CAPE HAZE FL 33946**  
Mailing Address: **4005 CAPE HAZE DR. CAPE HAZE FL 33946**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **05/30/1980**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2015902**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ALEXANDER, LARRY B  
505 S. FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401-3475**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0802 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1	DPST GARY D. LITTLESTAR 4005 CAPE HAZE DR CAPE HAZE FL 33946	<input type="checkbox"/> DELETE
12.2	PD DANAHY, THOMAS J 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33618	<input checked="" type="checkbox"/> DELETE
12.3	VD WILSON, LOU ELLEN 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33947	<input checked="" type="checkbox"/> DELETE
12.4	AS HOLMAN, MARJORIE 4005 CAPE HAZE DR. CAPE HAZE FL 33947	<input checked="" type="checkbox"/> DELETE
12.5	VD SIERRA, MICHAEL J 15436 NORTH FLORIDA AVE., SUITE 200 TAMPA FL 33618	<input checked="" type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
13.5	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY-STATE-ZIP	
13.9	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY-STATE-ZIP	
13.13	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY-STATE-ZIP	
13.17	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY-STATE-ZIP	
13.21	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable or on an attachment with an address.

SIGNATURE: *Gary D. Littlestar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Gary D. Littlestar**

2/26/96  
941/697-1300

CR2E034 (12/95)