

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **721967 (8)**  
1. Corporation Name  
**ROTHMOOR ESTATES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **405 CARA CT. LARGO FL 34641 US**  
Mailing Address: **103 CLEVELAND AV. S.W. LARGO FL 34640 US**

3. Date Incorporated or Qualified: **10/29/1971**  
3a. Date of Last Report: **02/16/1995**  
4. FEI Number: **59-1539184**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**HAUSER, RICHARD B  
C/O RESOURCE PROPERTY MANAGEMENT  
1601 EAST BAY DRIVE, #4  
LARGO FL 34641**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **103 CLEVELAND AV. S.W.**  
83  
84 City: **LARGO** FL 85 Zip Code: **34640**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORRIHER, LUTHR	
STREET ADDRESS	705 MINDY DR	
CITY-ST-ZIP	LARGO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RIVELLO, IRENE	
STREET ADDRESS	1305 CARA DR	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUCKS, CARL	
STREET ADDRESS	901 CARA DR	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, EARL	
STREET ADDRESS	804 MINDY DR	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OLDHAM, MARY JO	
STREET ADDRESS	1201 CARA DR.	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JANOW, SID	
STREET ADDRESS	1205 CAR DR	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROY OLDHAM	
13 STREET ADDRESS	1201 CARA DR.	
14 CITY-ST-ZIP	LARGO, FL. 34641	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	P/S/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PAT GUTMAN	
33 STREET ADDRESS	1206 CARA DR	
34 CITY-ST-ZIP	LARGO, FL 34641	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	NICK DEPOCULO	
43 STREET ADDRESS	903 CARA DR.	
44 CITY-ST-ZIP	LARGO, FL 34641	
51 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DONALD PIOTTER	
53 STREET ADDRESS	1302 CARA DR	
54 CITY-ST-ZIP	LARGO, FL 34641	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	TOM RIVELLO	
63 STREET ADDRESS	1305 CARA DR	
64 CITY-ST-ZIP	LARGO, FL 34641	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director)  
Date: **1/25/96** Daytime Phone #: **(813) 581-2662**

CR2E037 (12/95)