


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 09 1998 8:00am

Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 | |
| 4. FEI Number 59-1539184 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 33770 | Country 30 |

9. Name and Address of Current Registered Agent

**RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND AVE. S.W.
LARGO FL 33770**

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 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 | OLDHAM, ROY | |
| STREET ADDRESS | 1201 CARA DR | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RIVELLO, IRENE | |
| STREET ADDRESS | 1305 CARA DR | |
| CITY-ST-ZIP | LARGO, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PIOTTER, JUDY | |
| STREET ADDRESS | 304 MINDY DRIVE | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GUTMAN, PAT | |
| STREET ADDRESS | 1206 CORA DRIVE | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BOHLMANN, ELFIEDE | |
| STREET ADDRESS | 708 MINDY DRIVE | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEPOOLE, PAT | |
| STREET ADDRESS | 903 CORA DRIVE | |
| CITY-ST-ZIP | LARGO FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Tom Liebowitz | |
| 1.3 STREET ADDRESS | 904 Cara Dr. | |
| 1.4 CITY-ST-ZIP | Largo, FL | |
| 2.1 TITLE | DR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | John Miller | |
| 2.3 STREET ADDRESS | 1101 Cara Dr. | |
| 2.4 CITY-ST-ZIP | Largo, FL | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Audrey Potter | |
| 4.3 STREET ADDRESS | 1302 Cara Dr. | |
| 4.4 CITY-ST-ZIP | Largo, FL | |
| 5.1 TITLE | DI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Leonard J. Willis | |
| 5.3 STREET ADDRESS | 103 Mindy Dr. | |
| 5.4 CITY-ST-ZIP | Largo, FL | |
| 6.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Joe Gmrick | |
| 6.3 STREET ADDRESS | 501 Cora Ct. | |
| 6.4 CITY-ST-ZIP | Largo, FL | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CFR2037 (10/97)