

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90490 018 \*\*\*\*\*70.00

**DOCUMENT # 722802**

1. Entity Name

**ROTONDA SHORES CONSERVATION ASSOCIATION, INC.**

Principal Place of Business

4005 CAPE HAZE DRIVE  
 CAPE HAZE FL 33946  
 US

Mailing Address

4005 CAPE HAZE DR.  
 CAPE HAZE FL 33947  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

65-0155664

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLESTAR, GARY DO.  
 4005 CAPE HAZE DR  
 CAPE HAZE FL 33946

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLESTAR, GARY	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMAN, MARJORIE	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVERSO, PETER	
STREET ADDRESS	4005 CAPE HAZE DRIVE	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Piper, Cari	
STREET ADDRESS	4005 Cape Haze Drive	
CITY-ST-ZIP	Cape Haze, FL 33947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/01

941-697-1300

CR2E037 (10/00)