

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

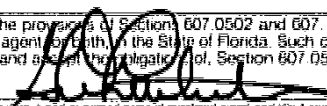
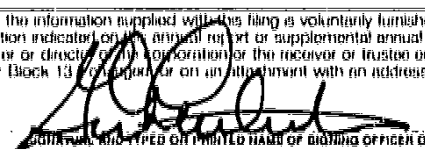
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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION • ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722968 (5) 1. Corporation Name ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.			
Principal Place of Business 4005 CAPE HAZE DR. CAPE HAZE FL 33947 US		Mailing Address 4005 CAPE HAZE DR. CAPE HAZE FL 33947 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33946		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33946	
9. Name and Address of Current Registered Agent DANAHY, THOMAS J. 15436 NORTH FLORIDA AVE. SUITE 200 TAMAP FL 33618			
10. Name and Address of New Registered Agent 81 Name Littlestar, Gary D. 82 Street Address (P.O. Box Number is Not Acceptable) 4005 Cape Haze Dr 83 84 City Cape Haze FL 85 Zip Code 33946			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE  GARY D. LITTLESTAR 4/5/95 (NOTE: Registered Agent signature required when instituting)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WILSON, LOU ELLEN	11 TITLE DP	12 NAME Littlestar, Gary D.
STREET ADDRESS 4005 CAPE HAZE DR.	CITY, ST, ZIP CAPE HAZE FL 33947	13 STREET ADDRESS 4005 Cape Haze Dr	14 CITY, ST, ZIP Cape Haze, FL 33946
TITLE VD	NAME HOLMAN, MARJORIE	21 TITLE ST	22 NAME Holman, Marjorie A.
STREET ADDRESS 4005 CAPE HAZE DR.	CITY, ST, ZIP CAPE HAZE FL 33947	23 STREET ADDRESS 4005 Cape Haze Dr	24 CITY, ST, ZIP Cape Haze, FL 33946
TITLE STD	NAME HOLMAN, MARJORIE	31 TITLE AS	32 NAME Farrish, Natalie
STREET ADDRESS 4005 CAPE HAZE DR.	CITY, ST, ZIP CAPE HAZE FL 33947	33 STREET ADDRESS 4005 Cape Haze Dr	34 CITY, ST, ZIP Cape Haze, FL 33946
TITLE AS	NAME FARRISH, NATALIE	41 TITLE	42 NAME
STREET ADDRESS 4005 CAPE HAZE DR.	CITY, ST, ZIP CAPE HAZE FL 33947	43 STREET ADDRESS	44 CITY, ST, ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY, ST, ZIP	53 STREET ADDRESS	54 CITY, ST, ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY, ST, ZIP	63 STREET ADDRESS	64 CITY, ST, 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)(b), 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 of this report or on an attachment with an address. SIGNATURE:  GARY D. LITTLESTAR 4/5/95 813/697-1300 (NOTE: Registered Agent signature required when instituting)			