

# 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 # 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

3. Date Incorporated or Qualified  
03/22/1972

3a. Date of Last Report  
05/01/1991

2. Principal Place of Business  
21 3751 CAPE HAZE DR  
Suite, Apt. #, etc.  
22 Ste 200  
City & State  
23 CAPE HAZE FL  
Zip  
24 33947  
Country  
25 US

2a. Mailing Address  
26 P.O. Box 3100  
Suite, Apt. #, etc.  
27  
City & State  
28 PLACIDA FL  
Zip  
29 33946  
Country  
30 US

4. FEI Number  
65-0155666  
Applied For  
Not Applicable

5. Certificate of Status Desired  
X \$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  
X Yes ☐ No

## 9. Name and Address of Current Registered Agent

LITTLE STAR, GARY  
4005 CAPE HAZE  
CAPE HAZE FL 33945

## 10. Name and Address of New Registered Agent

81 Name John Brandenberger  
82 Street Address (P.O. Box Number is Not Acceptable)  
3751 CAPE HAZE DR  
83 Suite 200  
84 City Cape Haze FL 85 Zip Code 33947

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LITTLESTAR, GARY	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL 33947	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HOLMAN, MARJORIE	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL 33947	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOLMAN, MARJORIE	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL 33947	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HARRISH, NATALIE	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL 33947	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Duerson	
1.3 STREET ADDRESS	3751 CAPE HAZE DR	
1.4 CITY-ST-ZIP	CAPE HAZE FL 33947	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK BOYER	
2.3 STREET ADDRESS	3751 CAPE HAZE DR	
2.4 CITY-ST-ZIP	CAPE HAZE FL 33947	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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

1/31/96 941 697 1288

CR2E037 (12/95)