

2-5-98 B1522C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

3751 CAPE HAZE DRIVE  
SUITE 200  
CAPE HAZE FL 33947  
US

POST OFFICE BOX 3100  
PLACIDA FL 33946  
US

3. Date Incorporated or Qualified

03/22/1972

4. FEI Number

65-0155666

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADENBERGER, JOHN  
3751 CAPE HAZE DRIVE  
SUITE 200  
CAPE HAZE FL 33947

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PD  
DUERSON, WILLIAM  
STREET ADDRESS  
3751 CAPE HAZE DRIVE  
CITY-ST-ZIP  
CAPE HAZE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VD  
BOYER, JACK  
STREET ADDRESS  
3751 CAPE HAZE DRIVE  
CITY-ST-ZIP  
CAPE HAZE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
S  
HOLMAN, MARJORIE  
STREET ADDRESS  
4005 CAPE HAZE DR.  
CITY-ST-ZIP  
CAPE HAZE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
T  
DURHAM, LEONARD  
STREET ADDRESS  
3751 CAPE HAZE DRIVE  
CITY-ST-ZIP  
CAPE HAZE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

CR2E037 (1097)