2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am **DOCUMENT # 722968 Secretary of State** 1. Entity Name 02-05-2001 90006 018 ****70 00 ROTONDA HEIGHTS CONSERVATION ASSOCIATON, INC. Principal Place of Business Mailing Address POST OFFICE BOX 3100 3751 CAPE HAZE DRIVE 314000 PLACIDA FL 33946 SUITE B CAPE HAZE FL 33947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0155666 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brandenberger, John Street Address (P.O. Box Number is Not Acceptable) BRADENBERGER, JOHN 3751 CAPE HAZE DRIVE SUITE B CAPE HAZE FL 33947 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Addition TITLE Delete TITI F KTXChange BOYER, JACK NAME NAME 3751 CAPE HAZE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE HAZE FL VD ☐ Delete K X hange ☐ Addition TITLE TITI F TD LENTZ. GEORGE NAME NAME 3751-B CAPE HAZE DRIVE STREET ADDRESS STREET ADDRESS CAPE HAZE FL CITY-ST-ZIP CITY-ST-ZIP SD Addition TITLE ☐ Delete TITLE DURHAM, LEONARD NAME NAME 3751 CAPE HAZE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE HAZE FL CITY-ST-ZIP PD **K** X Change ☐ Addition TITLE ☐ Delete TITLE LUEDTKE, HOWARD NAME NAME STREET ADDRESS 3751 CAPE HAZE DRIVE STREET ADDRESS CITY-ST-ZIP CAPE HAZE FL 33946 CITY-ST-ZIP $\overline{\mathsf{VD}}$ ☐ Delete TITLE ☐ Change XX ddition TITLE NAME NAME Lawrence Vaughan STREET ADDRESS 3751 Cape Haze Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cape Haze, FL 33946 ☐ Change TITLE ☐ Delete TITLE ■ Addition

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.

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