

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90011 020 \*\*\*\*70.00

**DOCUMENT # 722968**

1. Entity Name  
ROTONDA HEIGHTS CONSERVATION ASSOCIATION,  
INC.



Principal Place of Business

3751 CAPE HAZE DRIVE  
SUITE B  
CAPE HAZE, FL 33947 US

Mailing Address

POST OFFICE BOX 3100  
PLACIDA, FL 33946 US

**54017531**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0155666

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PARIS, ADRIAN ☒ Delete  
3751 CAPE HAZE DRIVE  
CAPE HAZE, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOFFMAN, KURT ☐ Change ☒ Addition  
3751 CAPE HAZE DR, STE. B  
CAPE HAZE, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HOEFLER, NORMAN ☒ Delete  
3751 CAPE HAZE DRIVE  
CAPE HAZE, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MILLER, JAMES ☐ Change ☒ Addition  
3751 CAPE HAZE DR., STE. B  
CAPE HAZE, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DURHAM, LEONARD ☒ Delete  
3751 CAPE HAZE DRIVE  
CAPE HAZE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WENGER, HARRY ☐ Change ☒ Addition  
3751 CAPE HAZE DR., STE. B  
CAPE HAZE, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
LUEDTKE, HOWARD ☐ Delete  
3751 CAPE HAZE DRIVE  
CAPE HAZE, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
VAUGHN, LAWRENCE ☐ Delete  
3751-B CAPE HAZE DRIVE  
CAPE HAZE, FL 33946

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 941-697-9722