

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


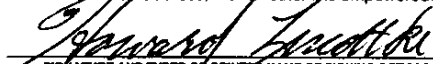
FILED
Jan 24, 2005 8:00 am
Secretary of State

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01032005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business		3. Mailing Address POST OFFICE BOX 3100 PLACIDA, FL 33946 US	
Suite, Apt. #, etc. 3899 CAPE HAZE DR.		Suite, Apt. #, etc.	
City & State CAPE HAZE, FL		City & State	
Zip 33947		Country	
4. FEI Number 65-0155666		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADENBERGER, JOHN 3751 CAPE HAZE DRIVE SUITE B CAPE HAZE, FL 33947		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3899 CAPE HAZE DR. 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 _____		DATE _____	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HOFFMAN, KURT 3751 CAPE HAZE DR., STE. B CAPE HAZE, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, JAMES 3751 CAPE HAZE DR., STE. B CAPE HAZE, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENGER, HARRY 3751 CAPE HAZE DR., STE. B PLACIDA, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUEDTKE, HOWARD 3751 CAPE HAZE DRIVE CAPE HAZE, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAUGHN, LAWRENCE 3751-B CAPE HAZE DRIVE CAPE HAZE, FL 33946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 1/19/05 Daytime Phone #: 941-697-9722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	