


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90010 046 ****70.00

DOCUMENT # 722968 1. Entity Name ROTONDA HEIGHTS CONSERVATION ASSOCIATION, INC.					
Principal Place of Business 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33947 US			Mailing Address POST OFFICE BOX 3100 PLACIDA, FL 33946 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0155666	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRADENBERGER, JOHN			Name		
3899 CAPE HAZE DRIVE			Street Address (P.O. Box Number is Not Acceptable)		
SUITE B					
CAPE HAZE, FL 33947			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRIBNER, PAUL		NAME		
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES		NAME		
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGER, HARRY		NAME		
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUEDTKE, HOWARD		NAME		
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHN, LAWRENCE		NAME	CLANCY, THOMAS	
STREET ADDRESS	3899 CAPE HAZE DRIVE		STREET ADDRESS	3899 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>H. C. Wenger</u> H. C. WENGER			2/26/07 941-697-9722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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