

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722968

FILED
Apr 01, 2009
Secretary of State

Entity Name: ROTONDA HEIGHTS CONSERVATION ASSOCIATON, INC.

Current Principal Place of Business:

3899 CAPE HAZE DRIVE
CAPE HAZE, FL 33947 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3100
PLACIDA, FL 33946 US

New Mailing Address:

FEI Number: 65-0155666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADENBERGER, JOHN
3899 CAPE HAZE DRIVE
CAPE HAZE, FL 33947 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCRIBNER, PAUL
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33946

Title: TD () Delete
Name: BENNER, ELIZABETH
Address: 3899 CAPE HAZE DR
City-St-Zip: PLACIDA, FL 33946

Title: SD () Delete
Name: WENGER, HARRY
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: VD () Delete
Name: LUEDTKE, HOWARD
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33946

Title: VD () Delete
Name: CLANCY, THOMAS
Address: 3899 CAPE HAZE DR.
City-St-Zip: CAPE HAZE, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: THOMAS, POWELL
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EVERS, MICHAEL
Address: 3899 CAPE HAZE DR.
City-St-Zip: CAPE HAZE, FL 33946

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SCRIBNER

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date