
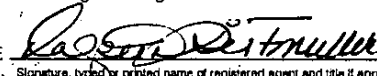
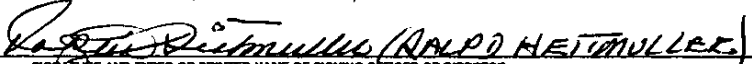


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90003 016 \*\*\*\*70.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 725000</b><br>1. Entity Name<br><b>ROTONDA WEST FIESTA ASSOCIATION, INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>ROTONDA WEST COMMUNITY CENTER<br/>3754 CAPE HAZE DRIVE<br/>ROTONDA WEST, FL 33947 US</b>   |  |   | Mailing Address<br><b>ROTONDA WEST COMMUNITY CENTER<br/>3754 CAPE HAZE DRIVE<br/>ROTONDA WEST, FL 33947 US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |   | City & State   |   |  |
| Zip  |  | Country   |  | Zip   |  |
| Country  |  | Country   |  | 4. FEI Number<br><b>59-1596350</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>GIZZI, NICHOLAS A<br/>3754 CAPE HAZE DRIVE<br/>ROTONDA WEST, FL 33947</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>RALPH D. HEITMULLER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>46 PINEHURST CT</b><br><b>ROTONDA WEST FL. 33947</b><br>City <b>ROTONDA WEST</b> FL <b>33947</b> |  |
| 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  <b>RALPH D. HEITMULLER</b> <b>7/27/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BRANNAN, ROY<br>701 ROTONDA CIRCLE<br>ROTONDA WEST, FL 33947       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>HEITMULLER, RALPH<br>46 PINEHURST CT<br>ROTONDA WEST, FL. 33947   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GIZZI, KATHERINE<br>174 MARK TWAIN LANE<br>ROTONDA WEST, FL 33947  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>HARRIS, JOHNNIE<br>14 BROADMOOR ROAD<br>ROTONDA WEST, FL 33947  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HEITMULLER, RALPH<br>46 PINEHURST CT<br>ROTONDA WEST, FL 33947      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>JEANNE HEITMULLER<br>46 PINEHURST PL<br>ROTONDA WEST FL. 33947  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>GIZZI, NICHOLAS A<br>174 MARK TWAIN LANE<br>ROTONDA WEST, FL 33947 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CERNIGLIA, SHIRLEY<br>237 FAIRWAY ROAD<br>ROTONDA WEST, FL. 33947  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BRANNAN, TERRY<br>701 ROTONDA CIRCLE<br>ROTONDA WEST, FL 33947      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CASTANEN, FRANK<br>41 MARKET ROAD<br>ROTONDA WEST, FL. 33947   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FORSTER, JOHN<br>4 MEDALIST COURT<br>ROTONDA WEST, FL 33947         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HOFFMAN, BILL<br>200 MARKET ROAD<br>ROTONDA WEST, FL. 33947  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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:  <b>RALPH D. HEITMULLER</b> <b>7/27/06 (94) 697-0668</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |   |  |

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