

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90046 018 ****70.00

DOCUMENT # 725000	
1. Entity Name ROTONDA WEST FIESTA ASSOCIATION, INC.	



40016303



01162007 Chg-NP CR2E037 (12/06)

Principal Place of Business ROTONDA WEST COMMUNITY CENTER 3754 CAPE HAZE DRIVE ROTONDA WEST, FL 33947 US	Mailing Address ROTONDA WEST COMMUNITY CENTER 3754 CAPE HAZE DRIVE ROTONDA WEST, FL 33947 US
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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 59-1596350	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HEITMULLEIZ, RALPH D 46 PINEHURST CT ROTONDA WEST, 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 resigning) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAAS, JOHNNIE 114 BRANDMOOR RD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMMING S, PALETTE 37 MEDALIST COURT ROTONDA WEST, FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEITMULLER, JEANNIE 46 PINEHURST PL ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMMING S, TONY 37 MEDALIST COURT ROTONDA WEST, FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEITMULLER, RALPH 46 PINEHURST CT ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIZZI, NICK 174 MARK TWAIN LANE ROTONDA WEST, FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERNIQLIA, SHIRLEY 237 FAIRWAY RD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIZZI, KATHY 174 MARK TWAIN LANE ROTONDA WEST, FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTANIEN, FRANK 41 MARKER RD ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWIEZ, JACKIE 975 BOUNDARY BLVD ROTONDA W. FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, BILL 200 MARKER RD ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JANE 6 CADDY ROAD 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: RALPH D. HEITMULLER 2/7/2007 (941) 697-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #