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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 726275 (1)

1. Corporation Name

THE ROTONDA SPRINGS CONSERVATION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4005 CAPE HAZE DR. CAPE HAZE FL 33947 US	4005 CAPE HAZE DR. CAPE HAZE FL 33947 US

3. Date Incorporated or Qualified: 04/27/1973
3a. Date of Last Report: 02/07/1994
4. FEI Number: 65-0155669 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24: 33946 / County 25	Zip 29: 33946 / County 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANAHY, THOMAS J. 15436 NORTH FLORIDA AVE. SUITE 200 TAMPA FL 33618	81 Name: Littlestar, Gary D. 82 Street Address (P.O. Box Number is Not Acceptable): 4005 Cape Haze Dr 83: 84 City: Cape Haze FL 85 Zip Code: 33946

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Gary D. Littlestar 4/5/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	DP	☒ Change ☐ Addition
NAME	WILSON, LOU ELLEN	12 NAME	Littlestar, Gary D.	
STREET ADDRESS	4005 CAPE HAZE DR.	13 STREET ADDRESS	4005 Cape Haze Dr	
CITY ST ZIP	CAPE HAZE FL 33947	14 CITY ST ZIP	Cape Haze, Fl 33946	
TITLE	VD	21 TITLE	ST	☒ Change ☐ Addition
NAME	HOLMAN, MARJORIE	22 NAME	Holman, Marjorie A.	
STREET ADDRESS	4005 CAPE HAZE DR.	23 STREET ADDRESS	4005 Cape Haze Dr	
CITY ST ZIP	CAPE HAZE FL 33947	24 CITY ST ZIP	Cape Haze, Fl 33946	
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	FARRISH, NATALIE	32 NAME		
STREET ADDRESS	4005 CAPE HAZE DR.	33 STREET ADDRESS		
CITY ST ZIP	CAPE HAZE FL 33947	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: _____ Gary D. Littlestar 4/5/95 813/697-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017107