

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726275

(1)

1. Corporation Name

THE ROTONDA SPRINGS CONSERVATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4005 CAPE HAZE DR.
CAPE HAZE FL 33946
US

4005 CAPE HAZE DR.
CAPE HAZE FL 33946
US

3. Date Incorporated or Qualified
04/27/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0155669

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☒ XX

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

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

LITTLESTAR, GARY
4005 CAPE HAZE DR.
CAPE HAZE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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
NAME WILSON, LOU ELLEN
STREET ADDRESS 4005 CAPE HAZE DR.
CITY-ST-ZIP CAPE HAZE FL 33947 ☒ DELETE

1.1 TITLE PD
1.2 NAME Littlestar, Gary D
1.3 STREET ADDRESS 4005 Cape Haze Dr
1.4 CITY-ST-ZIP Cape Haze, FL 33946 ☐ Change ☒ Addition

TITLE VD
NAME HOLMAN, MARJORIE
STREET ADDRESS 4005 CAPE HAZE DR.
CITY-ST-ZIP CAPE HAZE FL 33947 ☐ DELETE

2.1 TITLE AS
2.2 NAME PETER TRAVERSO
2.3 STREET ADDRESS 4005 CAPE HAZE DR
2.4 CITY-ST-ZIP CAPE HAZE, FL 33946 ☐ Change ☒ Addition

TITLE AS
NAME FARRISH, NATALIE
STREET ADDRESS 4005 CAPE HAZE DR.
CITY-ST-ZIP CAPE HAZE FL 33947 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 000001800390 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP -04/30/96--01011--008 ☐ Change ☐ Addition
***70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date

94/697-1300

Daytime Phone #

CR2E037 (12/95)