

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAY -5 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 726275

1. Corporation Name  
THE ROTONDA SPRINGS CONSERVATION ASSOCIATION, INC.

Principal Place of Business: 4005 CAPE HAZE DR. CAPE HAZE FL 33946 US  
Mailing Address: 4005 CAPE HAZE DR. CAPE HAZE FL 33946 US



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/27/1973
City & State	City & State	4. FEI Number
Zip	Zip	65-0155669
Country	Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
	800003053378--2 -11724795-0111060005 70.00

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLESTAR, GARY D	1.2 NAME	
STREET ADDRESS	4005 CAPE HAZE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, MARJORIE	2.2 NAME	
STREET ADDRESS	4005 CAPE HAZE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERSO, PETER	3.2 NAME	
STREET ADDRESS	4005 CAPE HAZE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	JOB # <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	VENDOR # 2151
STREET ADDRESS		4.3 STREET ADDRESS	MGR INITIALS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DATE
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED 10/29/99 (800) 741-4995

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