

DOCUMENT # 726275

1. Entity Name

THE ROTONDA SPRINGS CONSERVATION ASSOCIATION, IN

FILED
May 02, 2000 8:00 am
Secretary of State

02-16-2000 90025 042 ****70.00

Principal Place of Business 4005 CAPE HAZE DR. CAPE HAZE FL 33946 US	Mailing Address 4005 CAPE HAZE DR. CAPE HAZE FL 33946 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0155669	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LITTLESTAR, GARY
 4005 CAPE HAZE DR
 CAPE HAZE FL

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLESTAR, GARY D	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLMAN, MARJORIE	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	D.	<input type="checkbox"/> Delete
NAME	TRAVERSO, PETER	
STREET ADDRESS	4005 CAPE HAZE DR.	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cari Piper		
STREET ADDRESS	4005 Cape Haze Dr		
CITY-ST-ZIP	Cape Haze, FL		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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: [Signature] **2/1/00** **941-697-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)