FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 21 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **731010** **(5)**

1. Corporation Name
ROTONDA WEST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3754 CAFE HAZE DR. ROTONDA WEST FL 33947	3754 CAFE HAZE DR. ROTONDA WEST FL 33947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1974**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **23-7418332** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

9. Name and Address of Current Registered Agent

LANHAM, CAY
65 ANNAPOLIS LANE
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

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 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: CAY LANHAM — Cay Lanham — 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, EARLE E	1.2 NAME	
STREET ADDRESS	51 MARKER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	LANHAM, CAY	2.2 NAME	
STREET ADDRESS	65 ANNAPOLIS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ATD	3.1 TITLE	☐ Change ☐ Addition
NAME	TRUEX, WILLIAM	3.2 NAME	
STREET ADDRESS	55 SPORTSMAN CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	KULIK, WALTER	4.2 NAME	
STREET ADDRESS	241 BUNKER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ZARTMAN, DONALD	5.2 NAME	
STREET ADDRESS	22 OAKLAND HILLS CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	FELDHAUS, WALTER J.	6.2 NAME	
STREET ADDRESS	13 OAKLAND HILLS CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONADA WEST FL	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: Earle E. Simpson — Earl Simpson, President — 4/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017184