

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 # 731010 (5)
1. Corporation Name
ROTONDA WEST PROPERTY OWNERS ASSOCIATION, INC.



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

Mailing Address
**3754 CAFE HAZE DR.
ROTONDA WEST FL 33947**

3. Date Incorporated or Qualified
10/31/1974

3a. Date of Last Report
04/21/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7418332		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28					
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**LANHAM, CAY
65 ANNAPOLIS LANE
ROTONDA WEST FL 33947**

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	1.1 TITLE	P/d
NAME	SIMPSON, EARLE E	1.2 NAME	Walter Kulik
STREET ADDRESS	51 MARKER RD	1.3 STREET ADDRESS	241 Bunker Road
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	Rotonda West, FL 33947
TITLE	SD	2.1 TITLE	SD
NAME	LANHAM, CAY	2.2 NAME	Elaine Jones
STREET ADDRESS	65 ANNAPOLIS LANE	2.3 STREET ADDRESS	173 Fairway Road
CITY-ST-ZIP	ROTONDA WEST, FL 00000	2.4 CITY-ST-ZIP	Rotonda West, FL 33947
TITLE	ATD	3.1 TITLE	ATD
NAME	TRUEX, WILLIAM	3.2 NAME	Walter Feldhaus
STREET ADDRESS	55 SPORTSMAN CT	3.3 STREET ADDRESS	13 Oakland Hills Ct
CITY-ST-ZIP	ROTONDA WEST FL	3.4 CITY-ST-ZIP	Rotonda West, FL 33947
TITLE	VPD	4.1 TITLE	VPD
NAME	KULIK, WALTER	4.2 NAME	Earle Simpson
STREET ADDRESS	241 BUNKER RD	4.3 STREET ADDRESS	51 Marker Road
CITY-ST-ZIP	ROTONDA WEST, FL 00000	4.4 CITY-ST-ZIP	Rotonda West, FL 33947
TITLE	D	5.1 TITLE	d
NAME	ZARTMAN, DONALD	5.2 NAME	Donald Zartman
STREET ADDRESS	22 OAKLAND HILLS CT	5.3 STREET ADDRESS	22 Oakland Hills Ct
CITY-ST-ZIP	ROTONDA WEST FL	5.4 CITY-ST-ZIP	Rotonda West, FL 33947
TITLE	TD	6.1 TITLE	TD
NAME	FELSHAUS, WALTER J.	6.2 NAME	Cay Lanham
STREET ADDRESS	13 OAKLAND HILLS CT.	6.3 STREET ADDRESS	65 Annapolis Lane
CITY-ST-ZIP	ROTONADA WEST FL	6.4 CITY-ST-ZIP	Rotonda West, FL 33947

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

Date

Daytime Phone #

CR2E037 (12/95)