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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

741106

(9)

Mailina Addrana

ROTONDA WEST ASSOCIATION, INC.

ROTONDA WEST FL

FILED Feb 21 1996 8:00 am Secretary of State

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гинира гасе	Of Business	Mailing Address								
3754 CAPE HAZE DR 3754 CAPE HAZE DR ROTONDA WEST FL 33947 ROTONDA WEST FL 33947		47								
						Date Incorporated or Qualified 10/31/1977	3a. [Date of Last 03/02/19	Report 995	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0155670			Applied For	
21		26				00-0100070			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required		
27					+ · · · · · · · · · · · · · · · · ·	X				
23	City & State City & State					Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip	Country	Zip	Countr	γ		8. This corporation has liability for in	tangible			
24	25	29	30	o '				es 🔲 No		
	9. Name and Address of Currer	nt Registered Agent		_		10. Name and Address of New Re	10. Name and Address of New Registered Agent			
			8	1 1	Name					
	L, W. KEVIN		8:	2	Street Addr	ess (P.O. Box Number is Not Acceptable	9)			
18501 M SIXTH FL	URDOCK CIRCLE		8:	3						
1	HARLOTTE FL 33948									
TONI O	MINEOTTE LE 00040		8-	4 '	City		FI	_ 85 Zrp	Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above	∙nar	med carpori	ation submits this statement for the purp	ose of c	hanging its r	egistered office	
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorize	id by the cor	por	ation's boar	d of directors. I hereby accept the appo	ntment a	is registered	agent. I am	
SIGNATURE										
	Signature, typed or printed name of registered agent			ent s	gnature required	d when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	JERS AN			
TULE	PD VP	DELETE	1.1 TITLE		T			Change	☆ Addition	
NAME	WARNER, FRED D.		1.2 NAME			INSOR JR, FRED E				
STREET ADDRESS	3754 CAPE HAZE DRIVE ROTONDA WEST FL		1.3 STRE			754 CAPE HAZE DRI	VE			
CITY-ST-ZIP TITLE	VD PD	DELETE	1.4 CITY 2.1 TITLE	_	1-17	OTONDA WEST FL		Change	Addition	
NAME	KERN, CLEON F.		2 2 NAMI		D	ASTMAN, HERB		En original	E Magnion	
STREET ADDRESS	3754 CAPE HAZE DRIVE					•	(7E)			
CITY-ST-ZIP	ROTONDA WEST FL			37		754 CAPE HAZE DRI	ΛĒ			
TITLE	VD	DELETE	3.1 TITLE			OTONDA WEST, FL		Change	Addition	
NAME	COY, WILLARD A		3 2 NAMI		D	LLRICH, J W				
STREET ADDRESS	3754 CAPE HAZE DRIVE		3 3 STRE			754 CAPE HAZE DRI	VE.			
CHY-ST-ZIP	ROTONDA WEST FL		3.4. CITY		3	OTONDA WEST, FL	A T1			
TITLE	SD	DELETE	4.1 TITLE		D			☐ Change	X Addition	
NAME	DURHAM, OLGA		4. 2 NAM	1E	H	OLMAN, MARJORIE				
STREET ADDRESS	3754 CAPE HAZE DRIVE		4 3 STRE	ET AC	DDRESS 3	754 CAPE HAZE DRI	VE			
CITY - ST - ZIP	ROTONDA WEST FL		4.4 CITY		ZIP R	OTONDA WEST, FL				
TITLE	D	M DELETE	5 1 TITLE					Change	☐ Addition	
NAME	-EICK,-EDWARD-E-		5 2 NAM	E						
STREET ADDRESS	3754 CAPE HAZE DRIVE		5 3 STRE	ET AS	DORESS					
CITY - ST - ZIP	POTONDA WEST FL	-	5 4 CITY		ZIP			-		
TITLE	- 19 - D	□ DÉLÉTE	6 1 TITLE					Change	Add₁tion	
NAME	KUKULA, DAVID A.		6.2 NAM	E						
STREET ADDRESS	3754 CAPE HAZE DRIVE		6.3 STRE	ET A	DDRESS					

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), Fiorida 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 eath; 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 13 of Block 13 of

6 4 CITY - ST - 2IP

SIGNATURE: Fred D Warner, VicePres 2/15/96 941-697-6788

CR2E037 (12/9