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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **741106** **(9)**

1. Corporation Name

ROTONDA WEST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3754 CAPE HAZE DR ROTONDA WEST FL 33947	3754 CAPE HAZE DR ROTONDA WEST FL 33947-2312

3. Date Incorporated or Qualified: **10/31/1977**
3a. Date of Last Report: **02/21/1996**

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

4. FEI Number: **65-0155670** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSELL, W. KEVIN
18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	WARNER, FRED D.		1.2 NAME	Eastman, Herb	
STREET ADDRESS	3754 CAPE HAZE DRIVE		1.3 STREET ADDRESS	3754 Cape Haze Drive	
CITY-ST-ZIP	ROTONDA WEST FL		1.4 CITY-ST-ZIP	Rotonda West, FL	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	KERN, CLEON F.		2.2 NAME	Simpson, Earl	
STREET ADDRESS	3754 CAPE HAZE DRIVE		2.3 STREET ADDRESS	3754 Cape Haze Drive	
CITY-ST-ZIP	ROTONDA WEST FL		2.4 CITY-ST-ZIP	Rotonda West, FL	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	COY, WILLARD A		3.2 NAME		
STREET ADDRESS	3754 CAPE HAZE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	DURHAM, OLGA		4.2 NAME	Eick, Janet	
STREET ADDRESS	3754 CAPE HAZE DRIVE		4.3 STREET ADDRESS	3754 Cape Haze Drive	
CITY-ST-ZIP	ROTONDA WEST FL		4.4 CITY-ST-ZIP	Rotonda West, FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLMAN, MARJORIE		5.2 NAME		
STREET ADDRESS	3754 CAPE HAZE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL		5.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	KUKULA, DAVID A.		6.2 NAME	Winsor, Fred	
STREET ADDRESS	3754 CAPE HAZE DRIVE		6.3 STREET ADDRESS	3754 Cape Haze Drive	
CITY-ST-ZIP	ROTONDA WEST FL		6.4 CITY-ST-ZIP	Rotonda West, FL	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [signature] HERB EASTMAN 2-12-97 941-697-6788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057360