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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741106**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0155670 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☒ Change ☐ Addition
NAME	COYNE, CLAUDE		1.2 NAME	MATTISON, EARL P	
STREET ADDRESS	3754 CAPE HAZE DR		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	ULLRICH, J W		2.2 NAME	BRANDT, GARY D	
STREET ADDRESS	3754 CAPE HAZE DR		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	VD	☒ Change ☐ Addition
NAME	MALONE, SANDRA		3.2 NAME	DURHAM, OLGA K	
STREET ADDRESS	3754 CAPE HAZE DRIVE		3.3 STREET ADDRESS	3754 CAPE HAZE DRIVE	
CITY-ST-ZIP	ROTONDA WEST FL		3.4. CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	TD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MATTISON, EARL		4. 2 NAME	HOWARD, JUDITH A	
STREET ADDRESS	3754 CAPE HAZE DR		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	TD	☒ Change ☐ Addition
NAME	HOLMAN, MARJORIE		5.2 NAME	KUKULA, DAVID A	
STREET ADDRESS	3754 CAPE HAZE DRIVE		5.3 STREET ADDRESS	3754 CAPE HAZE DRIVE	
CITY-ST-ZIP	ROTONDA WEST FL		5.4 CITY-ST-ZIP	ROTONDA WEST FL	
TITLE	SD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MYERS, JAN		6.2 NAME	SIMPSON, EARLE E	
STREET ADDRESS	3754 CAPE HAZE DR		6.3 STREET ADDRESS	3754 CAPE HAZE DRIVE	
CITY-ST-ZIP	ROTONDA WEST FL		6.4 CITY-ST-ZIP	ROTONDA WEST FL	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Earl P. Mattison **SIGNATURE REQUIRED** Earl P. Mattison 3/30/99 941-697-6788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #