

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741106

1. Entity Name

ROTONDA WEST ASSOCIATION, INC.

Principal Place of Business

3754 CAPE HAZE DR
ROTONDA WEST FL 33947

Mailing Address

3754 CAPE HAZE DR
ROTONDA WEST FL 33947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0155670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME KUKULA, DAVID
STREET ADDRESS 3754 CAPE HAZE DR
CITY-ST-ZIP ROTONDA WEST FL ☒ Delete

TITLE PD
NAME DURHAM, OLGA
STREET ADDRESS 3754 CAPE HAZE DRIVE
CITY-ST-ZIP ROTONDA WEST, FL 33947 ☐ Change ☒ Addition

TITLE PD
NAME BRANDT, GARY D
STREET ADDRESS 3754 CAPE HAZE DR
CITY-ST-ZIP ROTONDA WEST FL ☒ Delete

TITLE VD
NAME TIBERT, JAMES L
STREET ADDRESS 3754 CAPE HAZE DRIVE
CITY-ST-ZIP ROTONDA WEST, FL 33947 ☐ Change ☒ Addition

TITLE VD
NAME EASTMAN, HERBERT
STREET ADDRESS 3754 CAPE HAZE DRIVE
CITY-ST-ZIP ROTONDA WEST FL ☐ Delete

TITLE SD
NAME SIMPSON, EARLE
STREET ADDRESS 3754 CAPE HAZE DRIVE
CITY-ST-ZIP ROTONDA WEST, FL 33947 ☐ Change ☒ Addition

TITLE TD
NAME ULLRICH, JEROME W
STREET ADDRESS 3754 CAPE HAZE DR
CITY-ST-ZIP ROTONDA WEST FL ☒ Delete

TITLE TD
NAME LEACH, KENDALL
STREET ADDRESS 3754 CAPE HAZE DRIVE
CITY-ST-ZIP ROTONDA WEST, FL 33947 ☐ Change ☒ Addition

TITLE SD
NAME HOWARD, JUDITH
STREET ADDRESS 3754 CAPE HAZE DRIVE
CITY-ST-ZIP ROTONDA WEST FL ☒ Delete

TITLE
NAME ASSISTANT TREASURER/D
STREET ADDRESS MILLER, BRUCE
CITY-ST-ZIP 3754 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OLGA DURHAM

01-08-02

941-697-6288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0094179