## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2005 8:00 am Secretary of State

|  |  |  |  |  | ~   | CCIC   | •   |  |                               |
|--|--|--|--|--|---|--|---|--|-------------------------------|
| DOCUMENT # 741106  1. Entity Name ROTONDA WEST ASSOCIATION, INC.   |  |  |  |  |   | 01-14-20   | 05 90017 0  | )29 ****6:   | 1.25                          |
| Principal Place of Business<br>3754 CAPE HAZE DR<br>ROTONDA WEST, FL 33947   |  | Mailing Address<br>3754 CAPE HAZE DR<br>ROTONDA WEST, FL 33947   |  |  | 40000972  |  |   |  |                               |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |  |   |  |   |  |                               |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  | 01042005  | Chg-NP   | CR2E0   | 37 (10/03)   |                               |
| City & State   |  | City & State   |  |  | 4. FEI Number<br>65-0155  | 670  |   | <u> </u>   | plied For<br>t Applicable     |
| Zìp  | Country  | Zip  | Country  |  | 5. Certificate o  |  |   | \$8.75 Add<br>Fee Required   |                               |
|  | 6. Name and Address of Current   | Registered Agent   |  |  | 7. Name and A   | ddress of Ne   | w Registered  | Agent  |                               |
| RUSSELL, W. KEVIN<br>18501 MURDOCK CIRCLE  |  |  | Name Street Address (P.O. Box Number is Not Acceptable)  |  |   |  |   |  |                               |
| SIXTH FLC  | OOR  |  |  |  |   |  |   |  |                               |
| PORT CHA   | ARLOTTE, FL 33948  |  |  |  |   |  |   |  |                               |
|  |  |  | City   |  |   |  | FL  | Zip Code   | 9                             |
|  | named entity submits this statement fo   | r the purpose of changing its re   | gistered office o  | r registere  | ed agent, or both   | , in the State o   | of Florida. I am  | familiar with,   | and accept                    |
| g  |  |  |  |  |   |  |   |  |                               |
|  |  | The second secon |  |  | •   |  |   |  |                               |
| SIGNATURE -  |  | and title if applicable. (NOTE: F  | tegistered Agent signat  | ure required   | when reinstating)   | -  | DATE  |  |                               |
|  | Signature, typed or printed name of registered agent   |  | logistered Agent signat  | ure required   | when reinstating)   | -  |   | ····   | <u>.</u>                      |
| SIGNATURE -  |  | 9Election Camp   |  | ·  | when reinstating) \$5.00 May Be Added to Fees   |  |   | k payable to   |                               |
| SIGNATURE -  | Signature, typed or printed name of registered agent. Filling Fee Is \$61.25   | 9Election Camp<br>Trust Fund Co  | aign Financing   |  | \$5.00 May Be   |  | Make chec<br>Florida Depa   | rtment of St   | ate                           |
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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 othey like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STANDING OFFICER OR DIRECTOR

1-7-04 Date

Daytime Phone #