

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90401 035 \*\*\*\*61.25

**DOCUMENT # 766697**

1. Entity Name

ROLL'S LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

23465 HARBOR VIEW ROAD  
CHARLOTTE HARBOR FL 33980

Mailing Address

23465 HARBOR VIEW ROAD  
CHARLOTTE HARBOR FL 33980



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2262530

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

DANKO, SHERRY  
STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR ROAD, STE 2  
PUNTA GORDA FL 33950

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALWRATH, CARL	
STREET ADDRESS	23465 HARBORVIEW ROAD, # 812	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WOJOWSKI, NANCY	
STREET ADDRESS	23465 HARBOR VIEW ROAD, # 244	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARRIER, RICHARD	
STREET ADDRESS	23465 HARBOR VIEW ROAD, # 821	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	S	<input type="checkbox"/> Delete
NAME	HINAND, GERALD	
STREET ADDRESS	23465 HARBOR VIEW ROAD, # 624	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKE, TRACY	
STREET ADDRESS	23465 HARBOR VIEW ROAD, # 913	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTTO, VINCENT	
STREET ADDRESS	23465 HARBOR VIEW ROAD # 634	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVENSTINE, BARBARA	
STREET ADDRESS	23465 HARBOR VIEW, ROAD # 843	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, RICHARD	
STREET ADDRESS	23465 HARBOR VIEW ROAD # 821	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINAND, GERALD	
STREET ADDRESS	23465 HARBOR VIEW ROAD # 624	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIKORSKI, RICHARD	
STREET ADDRESS	23465 HARBORVIEW ROAD # 833	
CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/06

Date

Daytime Phone #

(305)

987-0293