

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768966

(4)

1. Corporation Name

ROTONDA WEST FLOTILLA, INC.



Principal Place of Business

Mailing Address

**C/O KENNETH C. DONOVAN
138 ROTONDA CIRCLE
ROTONDA WEST FL 33947**

**C/O KENNETH C. DONOVAN
138 ROTONDA CIRCLE
ROTONDA WEST FL 33947**

3. Date Incorporated or Qualified
06/16/1983

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1808772

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNETH C. DONOVAN
138 ROTONDA CIRCLE
ROTONDA WEST FL 33947**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CORBIN, ELTON D**
STREET ADDRESS **240 CAPSTAN DR.**
CITY-ST-ZIP **CAPE HAZE FL 33946**

TITLE **VPD** ☐ DELETE
NAME **DONOVAN, KENNETH C**
STREET ADDRESS **138 ROTONDA CIRCLE**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **TD** ☐ DELETE
NAME **BROKAW, RICHARD L**
STREET ADDRESS **8171 DREW ST.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **SD** ☐ DELETE
NAME **MARCOTTE, JEAN A**
STREET ADDRESS **2570 OBERON ROAD**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ DELETE
NAME **HADDEN, STUART M**
STREET ADDRESS **8 ANNAPOLIS LANW**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **D** ☐ DELETE
NAME **HUDSON, WISHEART F**
STREET ADDRESS **9252 W. SPRING CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Elton D. Corbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elton D. Corbin, President

Date

Daytime Phone #

19 April 1996

941-697-2274

CR2E037 (12/95)