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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

ROTONDA WEST FLOTILLA, INC.

					((1)		Ciri dibii bibii	61611 61611 O	
Principal Plac	e of Business	Mailing Address				BELE IMOTO DITOL ITALIO TOLLO DILLO	EINI ULUH ALGM	D1911 Q1Q11 D1	186) 3 0,011 (3,01
C/O KENNETH 138 ROTONDA ROTONDA WES	CIRCLE	C/O KENNETH C. DONOVAN 138 ROTONDA CIRCLE ROTONDA WEST FL 33947-2243			<u> </u>				
HOTOHON HERT IS NOON						corporated or Qualified 5/16/1983		of Last Ro 4/26/19	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Nur			Ap	plied For
	Capstan Drive	26 240 Capstar	n Dri	ve	58	H1808772			t Applicable
Sulte, Apt. 22		Suite, Apt. #, etc.			5. Certific	ate of Status Desired		\$8.75 / Fee Re	
City & State		City & State				Campaign Financing		\$5.00	
23 Cape Zip	Country	28 Cape Haze,		untry		und Contribution		Added t	
24 3394	' ' ' ' '	29 33946	├ ─¬	•		rporation has liability for i Statutes	ntangible ta Yes		199.032
24 3374	9. Name and Address of Current		[30] <u>(</u>	JSA		and Address of New Re			
				81 Name					-
KENNETH C. DONOVAN				ELDON D. CORBIN 82 Street Address (P.O. Box Number is Not Acceptable)					
138 ROTONDA CIRCLE				240 Capstan Driv			ne)		
ROTONDA WEST FL 33947				83					
				84 City				85 Zip (Code
				'	Cape Haz	<u> </u>	<u>FL</u>	339	46
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	l and 617.1508, Florida Statute of Florida. Such change was a	es, the a authorize	bove-named d by the_corp	corporation submit oration's board of	s this statement for the p directors. I hereby accep	urpose of c	hanging it: ntment as	s registered registered
agent. I a	im familiar with, and accept the obliga-	tions of, Section 617.0503, Flo	orida Sta	tutes.	10 7	, ,		وشسيو	٠. ٠
SIGNATURE .	ELDON D. CORBIN Signature, typed or printed name of registered agen	Lead little if applicable (NAT	Rogister	of a	Borre	y	19.1	5-4	7
				a Agent egnante	required when remistaning	<u> </u>	LMIL Y	VIDE CLOB	S IN 12
12.	OFFICERS AND		13.		ADDITIO	NS/CHANGES TO OFFIC	ÆRS AND L	AIDE GION	
12. TITLE			13. 1.110	ITLE	D ADDITIO	NS/CHANGES TO OFFIC		Change	Addition
	OFFICERS AND PD CORBIN, ELDON D	DIRECTORS	_	1					
TITLE	OFFICERS AND PD CORBIN, ELDON D 240 CAPSTAN DR.	DIRECTORS	1.1 TO	1	D Jones, Ho	ward J.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD CORBIN, ELDON D 240 CAPSTAN DR. CAPE HAZE FL 33946	DIRECTORS DELETE	1.1 TO 1.2 N 1.3 S 1.4 C	ame Treet address Ity-st-zip	D Jones, Ho 208 Annap		.7	Change	K Addition
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14. I do 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.

TITLE

NAME

STREET ADDRESS

RUDON D. CORBIN

HUDSON, WISHEART F

9252 W. SPRING CIRCLE

PORT CHARLOTTE FL 33981

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

15 April 197 941-697-2274

Change

Addition

FILED

Apr 28 1997 8:00am

Secretary of State

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