

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768966 (4)

1. Corporation Name
ROTONDA WEST FLOTILLA, INC.



Principal Place of Business C/O KENNETH C. DONOVAN 138 ROTONDA CIRCLE ROTONDA WEST FL 33947	Mailing Address C/O KENNETH C. DONOVAN 138 ROTONDA CIRCLE ROTONDA WEST FL 33947-2243
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3. Date Incorporated or Qualified 06/16/1983	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 240 Capstan Drive Suite, Apt. #, etc.	2a. Mailing Address 26 240 Capstan Drive Suite, Apt. #, etc.	4. FEI Number 59-1808772	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Cape Haze, FL	27 City & State 28 Cape Haze, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33946	25 Country USA	29 Zip 33946	30 Country USA

9. Name and Address of Current Registered Agent KENNETH C. DONOVAN 138 ROTONDA CIRCLE ROTONDA WEST FL 33947	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name ELDON D. CORBIN</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 240 Capstan Drive</td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City Cape Haze</td> </tr> <tr> <td>85 Zip Code FL 33946</td> </tr> </table>	81 Name ELDON D. CORBIN	82 Street Address (P.O. Box Number is Not Acceptable) 240 Capstan Drive	83	84 City Cape Haze	85 Zip Code FL 33946
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83						
84 City Cape Haze						
85 Zip Code FL 33946						

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 **ELDON D. CORBIN** *[Signature]* **4-15-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CORBIN, ELDON D		1.2 NAME Jones, Howard J.	
STREET ADDRESS 240 CAPSTAN DR.		1.3 STREET ADDRESS 208 Annapolis Lane	
CITY-ST-ZIP CAPE HAZE FL 33946		1.4 CITY-ST-ZIP Rotonda West, FL 33947	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONOVAN, KENNETH C		2.2 NAME	
STREET ADDRESS 138 ROTONDA CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP ROTONDA WEST FL 33947		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROKAW, RICHARD L		3.2 NAME	
STREET ADDRESS 8171 DREW ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34224		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCOTTE, JEAN A		4.2 NAME	
STREET ADDRESS 2570 OBERON ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34224		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HADDEN, STUART M		5.2 NAME	
STREET ADDRESS 8 ANNAPOLIS LANW		5.3 STREET ADDRESS	
CITY-ST-ZIP ROTONDA WEST FL 33947		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUDSON, WISHEART F		6.2 NAME	
STREET ADDRESS 9252 W. SPRING CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL 33981		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **ELDON D. CORBIN** *[Signature]* 15 April '97 941-697-2274

CR2E037 (9/96)