2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768966 1. Entity Name

ROTONDA	WEST	FLOTILLA,	INC.

Trinoipai Fiace of Egon
240 CAPSTAN DR
Cape haze FL 33946
IIS.

Principal Place	of Business	Mailing Address						
240 CAPSTAN CAPE HAZE FL US		240 CAPSTAN DR CAPE HAZE FL 33946 US		1.188111.18	#18 B1181 (B118 10118 B1118 #11 B101	ı Ardı Gidir Bibli bib	II Š IBN 1381	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number 59–1808772 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Addi	tional	
	6. Name and Address of Current F	Registered Agent		7. Name and /	Address of New Registere	ed Agent		
			Name					
CORBIN, ELDON D 240 CAPSTAN DR		Street A	Street Address (P.O. Box Number is Not Acceptable)					
	ZE FL 33946							
OAFE HAZ	IL 1 L 00040		City		F	Zip Code	:	
9 The above	named entity submits this statement for	the number of abanding its	registered office of	regulatored agent of bath				
o. The above	named entity submits this statement for	the purpose of changing its	registered office of	registered agent, or both	i, in the state of Florida.			
SIGNATURE _								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required when reinstating)	DA	TE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make Check Payable to Department of State				
10.	OFFICERS AND DIF	LECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND	DIBECTORS IN	10	
TITLE	PD			D Change X Addition				
NAME	CORBIN, ELDON D	23 50000	NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XξX		16.	
STREET ADDRESS	240 CAPSTAN DR.		STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX		
CITY-ST-ZIP	CAPE HAZE FL 33946		CITY-ST-ZIP		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$X	
TITLE	VPD	☐ Delete	TITLE	D		☐ Change	Addition Addition	
NAME	reiner, Phyllis J		NAME	KELLY, JAMES H	Ξ.		l	
STREET ADDRESS	7 BROADMOOR RD.		STREET ADDRESS	3 SPORTSMAN COURT				
CITY-ST-ZIP	ROTONDA WEST FL 33947		CITY-ST-ZIP	ROTONDA WEST,				
TITLE	TD	☐ Delete	TITLE		,,	Change	☐ Addition	
NAME	BROKAW, RICHARD L		NAME					
STREET ADDRESS CITY-ST-ZIP	8171 DREW ST.		STREET ADDRESS CITY-ST-ZIP]				
	ENGLEWOOD FL 34224					——————————————————————————————————————		
TITLE	SD CAFICAN ANDREW	☐ Delete	TITLE			Change	Addition !	
NAME STREET ADDRESS	SAFIGAN, ANDREW		NAME STREET ADDRESS					
CITY-ST-ZIP	262 ANAPOLIS LN. ROTONDA WEST FL 33947		CITY-ST-ZIP					
TITLE	D D	☐ Delete	··-··			Chongo	☐ Addition	
NAME	FAUST, GERALD S	□ Detete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	5755 DAVID BLVD.		STREET ADDRESS					
CiTY-ST-ZIP	PORT CHARLOTTE FL 33981		CITY-ST-ZIP					
TITLE	D	□ Delete	TITLE			☐ Change	Addition	
NAME	HUDSON, WISHEART F	<u> </u>	NAME			- Suminge	Land Associated	
STREET ADDRESS	9252 W. SPRING CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		CITY-ST-ZIP					

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 other like empowered.

SIGNATURE:

ELDON D. CORBIN, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF