


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 768966 1. Entity Name ROTONDA WEST FLOTILLA, INC.					
Principal Place of Business 9252 SPRING CIR PORT CHARLOTTE FL 33981 US			Mailing Address 9252 SPRING CIR PORT CHARLOTTE FL 33981 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1808772	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISHEART, HUDSON F 9252 SPRING CIR. PORT CHARLOTTE FL 33981-3137				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WISHEART, HUDSON F <input type="checkbox"/> Delete 9252 SPRING CIR. PORT CHARLOTTE FL 33981-3137		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FAUST, GERALD <input type="checkbox"/> Delete 5755 DAVID BLVD. PORT CHARLOTTE FL 33981		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORBIN, ELDON D. <input type="checkbox"/> Delete 240 CAPSTAN DR. CAPE HAZE FL 33946		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000361730 <input type="checkbox"/> Change <input type="checkbox"/> Add 05/05/05-80089-001 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NEARY, DAVID M <input type="checkbox"/> Delete 7627 RATON CIR. PORT CHARLOTTE FL 33981		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEREDITH, JOHN <input type="checkbox"/> Delete 12 BROADMOOR RD. ROTONDA WEST FL 33947		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, WISHEART F <input type="checkbox"/> Delete 9252 W. SPRING CIRCLE PORT CHARLOTTE FL 33981		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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 changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE: WISHEART F. HUDSON			(941) 697-4237		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					