

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 PM 12:26

DOCUMENT # N04000004164

1. Entity Name
ROTONDA RIVER VILLAGE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
224P BOUNDARY BOULEVARD
ROTONDA WEST, FL 33947

Mailing Address
224P BOUNDARY BOULEVARD
ROTONDA WEST, FL 33947

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5916705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAATZ, JOERN
224P BOUNDARY BOULEVARD
ROTONDA WEST, FL 33947

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME MAATZ, JOERN
STREET ADDRESS 224P BOUNDARY BOULEVARD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE P ☐ Delete
NAME MAATZ, HILDA
STREET ADDRESS 224P BOUNDARY BOULEVARD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE VP ☒ Delete
NAME COLENZO, GRAHAM
STREET ADDRESS 220P BOUNDARY BOULEVARD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE VP ☐ Delete
NAME SHEPHERD, BILL
STREET ADDRESS 220P BOUNDARY BOULEVARD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE S ☐ Delete
NAME RICCIUTI, FRANK
STREET ADDRESS 735 BEACON PLACE
CITY-ST-ZIP MOUNT LAUREL, NJ 08054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600109871826
CITY-ST-ZIP 09/25/07--01007--008 **61.25

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME B 9/20/07
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/07

Date

858-296-1433

Daytime Phone #