

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13786

(1)

1. Corporation Name

ROTONDA ELKS, #2710, INC.

Principal Place of Business

303 ROTUNDA BLVD. EAST
PLACIDA FL 33947

Mailing Address

303 ROTUNDA BLVD. EAST
PLACIDA FL 33947



3. Date Incorporated or Qualified
03/11/1986

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2695411

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID, ROBERT M
632 BLACKBURN BLVD
N PORT FL 34297

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DAVID, ROBERT M., SECY.

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

(NOTE: Registered Agent signature required when reinstating)

DATE 01/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME DOUGLAS, CLIFFORD
STREET ADDRESS 9381 BANDERA LANE
CITY-ST-ZIP PORT CHARLOTTE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SUMMERLIN, PARKER
STREET ADDRESS 67 OAKLAND HILLS CT.
CITY-ST-ZIP ENGELWOOD FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D BINGLEY, WILLIAM J.
9566 ARSIPE CIRCLE
PORT CHARLOTTE, FL 33981

☒ Change ☐ Addition

TITLE ER
NAME WHEATING, DONALD
STREET ADDRESS 214 MARK TWAIN LN
CITY-ST-ZIP ROTUNDA WEST FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

ER LAWTON, FREDRICK W
6991 BEARDSLEY ST.
ENGLEWOOD, FL 34224

☒ Change ☐ Addition

TITLE S
NAME DAVID, ROBERT M
STREET ADDRESS 632 BLACKBURN BLVD
CITY-ST-ZIP N PORT FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GIBSON, JOHN
STREET ADDRESS 168 ANNAPOLIS LANE
CITY-ST-ZIP ROTONDA WEST FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

T TOWNSEND, JOEL W.
4654 ARLINGTON DR
WINDWARD CAPE HAZE, FL 33946

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robert M. David, P.E.R. Secy.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/96

941 697-2708

Daytime Phone

CR2E037 (12/95)