


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90030 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13786

1. Corporation Name

ROTONDA ELKS, #2710, INC.

Principal Place of Business

303 ROTUNDA BLVD. EAST
ROTUNDA WEST FL 33947
US

Mailing Address

303 ROTUNDA BLVD. EAST
ROTUNDA WEST FL 33947
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/11/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2695411	
24		29		30	
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	

9. Name and Address of Current Registered Agent

ABER, JOHN C.
4155 CAPE HAZE DR
PLACIDA FL 33946

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CHARLES	1.2 NAME	
STREET ADDRESS	116 SPORSMAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINTON, DAVID	2.2 NAME	
STREET ADDRESS	89 CADDY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	2.4 CITY-ST-ZIP	
TITLE	ER <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKARD, WILLIAM A.	3.2 NAME	ER Carolyn Lawton
STREET ADDRESS	5306 FORBES TERRACE	3.3 STREET ADDRESS	6991 Beardsley St.
CITY-ST-ZIP	PT CHARLOTTE FL 33981	3.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, GEORGE	4.2 NAME	
STREET ADDRESS	138 MARK TWAIN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	4.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEATING, DONALD	5.2 NAME	
STREET ADDRESS	214 MARK TWAIN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	5.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGNOTI, BARBARA	6.2 NAME	Treasurer Joel Townsend
STREET ADDRESS	9422 GULFSTEAM	6.3 STREET ADDRESS	4654 Arlington Dr.
CITY-ST-ZIP	ENGLEWOOD FL 34224	6.4 CITY-ST-ZIP	Placida, FL 33946

14. 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 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, with all other like empowered.

SIGNATURE

Joel Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 941/697-2708
Date Daytime Phone #

CR2E037 (11/98)