

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90090 021 \*\*\*\*61.25

**DOCUMENT # N13786**

1. Entity Name

ROTONDA ELKS, #2710, INC.



Principal Place of Business

303 ROTUNDA BLVD. EAST  
ROTONDA WEST FL 33947  
US

Mailing Address

303 ROTUNDA BLVD. EAST  
ROTONDA WEST FL 33947  
US

2. Principal Place of Business

*ABOVE*

Suite, Apt. #, etc.

3. Mailing Address

*ABOVE*

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2695411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUMMERLIN, CAROL  
303 ROTUNDA BLVD. EAST  
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

*Carol A. Summerlin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/28/04*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 **TR** ☐ Delete  
NAME **MC NAMARA, ROBERT**  
STREET ADDRESS **33 PARVIEWQ RD.**  
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **TR** ☐ Delete  
NAME **LAWTON, CAROLYN**  
STREET ADDRESS **6991 BEARDSLEY**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **ER** ☒ Delete  
NAME **SUMMERLIN, PARKER**  
STREET ADDRESS **8515 CREEKVIEW LANE**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **S** ☐ Delete  
NAME **SUMMERLIN, CAROL**  
STREET ADDRESS **7518 RATON CIR-**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **TR** ☒ Delete  
NAME **MINTON, CHARLES**  
STREET ADDRESS **15668 RUSTON CIRCLE**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **T** ☐ Delete  
NAME **TOWNSEND, JOEL**  
STREET ADDRESS **4654 ARLINGTON DR**  
CITY-ST-ZIP **PLACIDA FL 33946**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☒ Addition  
NAME **RON BULK PHOSIOM**  
STREET ADDRESS **15528 ALDAMA CIRCLE**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

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

TITLE ☒ Change ☒ Addition  
NAME **TRUSTEE WILLIAM MC HALE**  
STREET ADDRESS **81 MARLEN DR**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*JOEL W. TOWNSEND*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/04*

Date

*941-697-2708*

Daytime Phone #