


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90248 042 ****61.25

DOCUMENT # N13786
 1. Entity Name
 ROTONDA ELKS, #2710, INC.



Principal Place of Business Mailing Address
 303 ROTUNDA BLVD. EAST 303 ROTUNDA BLVD. EAST
 ROTUNDA WEST FL 33947 ROTUNDA WEST FL 33947
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-2695411** Applied For
 Not Applicable

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
*** Due By May 1, 2006**
Received 5/11/06

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	<input checked="" type="checkbox"/> Delete
NAME	MC NAMARA, ROBERT	
STREET ADDRESS	33 PARVIEWQ RD.	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	TR	<input type="checkbox"/> Delete
NAME	LAWTON, CAROLYN	
STREET ADDRESS	6991 BEARDSLEY	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	ER TR	<input type="checkbox"/> Delete
NAME	EIFENS, RAY	
STREET ADDRESS	24 GARLAND HILLS CT	
CITY-ST-ZIP	ROTONDA WEST FL 33-947?	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUMMERLIN, CAROL	
STREET ADDRESS	7518 RATAN CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MCHALE, WILLIAM	
STREET ADDRESS	81 MARKEA DR	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	T	<input type="checkbox"/> 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	ER - PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY THOMPSON	
STREET ADDRESS	135 ANNAPOLIS LANE	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn Lawton* 5/15/06 941-697-1583