

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90831 045 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME AS ABOVE

City & State

SAME AS ABOVE

4. FEI Number **59-2695411**

Applied For
Not Applicable

Zip

Country

CHARLOTTE

Zip

Country

CHARLOTTE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUFF, RON
303 ROTONDA BLVD. EAST
ROTONDA WEST FL 33947**

X

Name **CAROL SUMMERLIN**
Street Address (P.O. Box Number is Not Acceptable)
**303 ROTONDA BLVD, EAST
ROTONDA WEST, FL 33947**
City **SECRETARY 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 Summerlin*
CAROL SUMMERLIN

SECRETARY

DATE **1/6/03**

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <i>Trustee</i> MC NAMARA, ROBERT 33 PARVIEWQ RD. ROTONDA WEST FL 33947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <i>Trustee</i> LAWTON, CAROLYN 6991 BEARDSLEY ENGLEWOOD FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ER RYAN, WILLIAM 303 ROTONDA BLVD. EAST ROTONDA WEST FL 33947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SMYTHE, JOHN 6650 DAVID BLVD PORT CHARLOTTE FL 33981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <i>Trustee</i> MINTON, CHARLES 15668 RUSTON CIRCLE PORT CHARLOTTE FL 33981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TOWNSEND, JOEL 4654 ARLINGTON DR PLACIDA FL 33946	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXALTED RULER PARKER SUMMERLIN 8515 CREEKVIEW LN ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE WILLIAM PALLMAN 11160 PENDELTON BLVD ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE CARLENE CRAW 3554 GILLOT BLVD PT. CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CAROL SUMMERLIN 7518 RATON CIRCLE PT. CHARLOTTE, FL 33981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol Summerlin*
CAROL SUMMERLIN 1/6/03 697-2708

CR2E037 (10/02)