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**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90017 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18855**

1. Corporation Name

**VILLAS OF ROTONDA PHASES I AND II CONDOMINIUM AS  
SOCIATION, INC.**

Principal Place of Business

**255 BOUNDARY BLVD  
ROTONDA FL 33947**

Mailing Address

**255 BOUNDARY BLVD  
ROTONDA FL 33947**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/22/1987	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2801377	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
26				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**BUBON, CAROL M.  
255 BOUNDARY BLVD, #202  
ROTONDA FL 33947**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 --

TITLE	STD	1.1 TITLE	
NAME	BUBON, CAROL M.	1.2 NAME	
STREET ADDRESS	255 BOUNDARY BLVD #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	ADAMS, BILL	2.2 NAME	
STREET ADDRESS	255 BDG BLVD #103	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA W FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	CORA JONES	3.2 NAME	
STREET ADDRESS	255 BOUNDARY BL #203	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA W FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carol M. Bubon* 2/3/99 941-698 5973

CR2E037 (11/98)