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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005878 (1)
1. Corporation Name
GREATER ROTONDA ORGANIZATION, INC.



Principal Place of Business 3754 CAPE HAZE DRIVE ROTONDA WEST FL	Mailing Address 3754 CAPE HAZE DRIVE ROTONDA WEST FL
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3. Date Incorporated or Qualified 11/15/1996	
4. FEI Number 59-2768554	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4005 CAPE HAZE DR.	2a. Mailing Address 26 4005 CAPE HAZE DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ROTONDA WEST, FL.	City & State 28 ROTONDA WEST, FL.
Zip 24 33947	Country 25 CHARLOTTE
Zip 29 33947	Country 30 CHARLOTTE

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUSSELL, W. KEVIN
18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL FL**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WARNER, FRED D
STREET ADDRESS	125 BUNKER ROAD
CITY-ST-ZIP	ROTONDA WEST FL 33947
TITLE	D <input type="checkbox"/> DELETE
NAME	COY, WILLARD A
STREET ADDRESS	244 MARK TWAIN LANE
CITY-ST-ZIP	ROTONDA WEST FL 33947
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLMAN, MARJORIE A
STREET ADDRESS	4005 CAPE HAZE DRIVE
CITY-ST-ZIP	ROTONDA WEST FL 33946
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MACALROY, CONNIE
STREET ADDRESS	3754 CAPE HAZE DRIVE
CITY-ST-ZIP	ROTONDA WEST FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RILEY, BARB
STREET ADDRESS	3754 CAPE HAZE DRIVE
CITY-ST-ZIP	ROTONDA WEST FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAC
4.3 STREET ADDRESS	REYNOLDS, ELIZABETH
4.4 CITY-ST-ZIP	580 ROTONDA BLVD W. ROTONDA, FL. 33947
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE _____ DATE **6/12/98 (911) 699-1210**

CR2E037 (10/97)