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Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90161 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000045554

1. Corporation Name  
ROTUNDA PEBBLE BEACH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904  
Mailing Address: 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904

3. Date Incorporated or Qualified  
05/18/1998

4. FEI Number  Applied For  Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State (23) (28)  
24. Zip (24) Country (25) (29) Zip (29) Country (30)

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEEMANN, ERNEST A  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL FL 33904

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, ULRICH	1.2 NAME	
STREET ADDRESS	ROSENTHALERSTR.9/42, D-13127	1.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN, GERMANY OC	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORMANN, UWE	2.2 NAME	
STREET ADDRESS	WEG3, NR.57, D-12459	2.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN, GERMANY OC	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOR, STEFAN	3.2 NAME	
STREET ADDRESS	ACHTERMANN STR., D-13127	3.3 STREET ADDRESS	
CITY-ST-ZIP	BERLIN, GERMANY OC	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99  
Date Daytime Phone #

CR2E034 (11/98)