

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741106

Entity Name: ROTONDA WEST ASSOCIATION, INC.**Current Principal Place of Business:**3754 CAPE HAZE DR
ROTONDA WEST, FL 33947**Current Mailing Address:**3754 CAPE HAZE DR
ROTONDA WEST, FL 33947**FEI Number:** 65-0155670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT, #200
FORT MYERS, FL 33966 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	PERKINS, GLYNN
Address	119 MEDALIST ROAD
City-State-Zip:	ROTONDA WEST FL 33947

Title	2VPT
Name	KILLION, HANK
Address	1186 BOUNDARY BOULEVARD
City-State-Zip:	ROTONDA WEST FL 33947

Title	D
Name	VAN SCYOC, ANDREW J
Address	10 ANNAPOLIS LANE
City-State-Zip:	ROTONDA WEST FL 33947

Title	DIRECTOR
Name	TRAVERSO, PETER G
Address	4005 CAPE HAZE DRIVE
City-State-Zip:	ROTONDA WEST FL 33947

Title	1VP
Name	BURGER, GEORGE
Address	46 SPORTSMAN CIRCLE
City-State-Zip:	ROTONDA WEST FL 33947

Title	S
Name	SCHERMERHORN, SCOTT
Address	752 ROTONDA CIRCLE
City-State-Zip:	ROTONDA WEST FL 33947

Title	D
Name	KELLY, DAVID
Address	100 ROTONDA CIRCLE
City-State-Zip:	ROTONDA WEST FL 33947

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLYNN PERKINS**PRESIDENT****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date