


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 722803 1. Entity Name THE ROTONDA MEADOWS/VILLAS CONSERVATION ASSOCIATION, INC.	
--	---

Principal Place of Business 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33947 US	Mailing Address PO BOX 299 PLACIDA, FL 33946 US
---	---

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0155667	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--

6. Name and Address of Current Registered Agent BRANDENBERGER, JOHN 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33947
--

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000611335 02/02/07-80058-006 70.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAVERSO, PETER 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRESS, NOEL 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KENDALL, LEACH 3899 CAPE HAZE DRIVE CAPE HAZE, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Leach Kendall* **1/24/07** **(941) 697-9722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #