

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 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**



01162008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0155667**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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01/23/08-80061-019 70.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

941/697-9722

Daytime Phone