# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# 722803

**Entity Name:** THE ROTONDA MEADOWS/VILLAS CONSERVATION ASSOCIATION, INC.

**Current Principal Place of Business:**

3899 CAPE HAZE DRIVE
CAPE HAZE, FL 33947 US

**New Principal Place of Business:**

3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 US

**Current Mailing Address:**

PO BOX 299
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number: 65-0155667** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRANDENBERGER, JOHN
3899 CAPE HAZE DRIVE
CAPE HAZE, FL 33947 US

**Name and Address of New Registered Agent:**

BRANDENBERGER, JOHN
3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947 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: JOHN E. BRANDENBERGER 04/15/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete
Name: TRAVERSO, PETER
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33947

Title: P ( ) Delete
Name: ANDRESS, NOEL
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33947

Title: TS ( ) Delete
Name: KENDALL, LEACH
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: CAPE HAZE, FL 33947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition
Name: TRAVERSO, PETER
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: ROTONDA WEST, FL 33947

Title: P (X) Change ( ) Addition
Name: ANDRESS, NOEL
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: ROTONDA WEST, FL 33947

Title: TS (X) Change ( ) Addition
Name: KENDALL, LEACH
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NOEL ANDRESS P 04/15/2009
Electronic Signature of Signing Officer or Director Date