

ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 048 ****61.25

DOCUMENT # N06000003369

1. Entity Name
THUNDERATION OWNERS' ASSOCIATION, INC.



Principal Place of Business
**5718 WESTHEIMER
 SUITE 1806
 HOUSTON, TX 77057**

Mailing Address
**5718 WESTHEIMER
 SUITE 1806
 HOUSTON, TX 77057**



04082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8262255	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, HAROLD C
 137 BOND STREET
 CLEWISTON, FL 33440**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, ROBERTO J 5718 WESTHEIMER #1806 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, LEW 5718 WESTHEIMER #1806 HOUSTON, TX 77057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERRILL, SHARON 5718 WESTHEIMER #1806 HOUSTON, TX 77057
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: *Lewis R. Watson* *Lewis R. Watson* **4-8-08** **713-977-5718**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #