

**ANNUAL REPORT**

DOCUMENT # P03000059713

1. Entity Name

ROTONDA LAKES CORPORATION

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90125 013 \*\*\*150.00

Principal Place of Business

5718 WESTHEIMER, STE 1806  
HOUSTON, TX 77057

Mailing Address

5718 WESTHEIMER, STE 1806  
HOUSTON, TX 77057

00012001

**DO NOT WRITE IN THIS SPACE**

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number

55-0835414

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME THORNTON, JOHN P  
STREET ADDRESS 5718 WESTHEIMER STE 1806  
CITY-ST-ZIP HOUSTON, TX 77057TITLE DV  
NAME ABELLO, CARLOS A  
STREET ADDRESS 5718 WESTHEIMER STE 1806  
CITY-ST-ZIP HOUSTON, TX 77057TITLE DV  
NAME IGLESIAS, JOSE J  
STREET ADDRESS 5718 WESTHEIMER, STE 1806  
CITY-ST-ZIP HOUSTON, TX 77057TITLE DV  
NAME MANNING, JOHN B  
STREET ADDRESS 5718 WESTHEIMER, STE 1806  
CITY-ST-ZIP HOUSTON, TX 77057TITLE D  
NAME IGLESIAS, ROBERTO J  
STREET ADDRESS 5718 WESTHEIMER, STE 1806  
CITY-ST-ZIP HOUSTON, TX 77057TITLE  
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 607, 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

Date

Daytime Phone #