## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

743964

(9)

WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION,

Original Dia	of Pusiness	Mail.na Address	lail na Addroce		S TO DETT FOR IL DEDEC FILLD FOREN OFFIE DEDE BEDEF DEDEL DEDEL DEDEL DEDEL DEDEL	
Principal Place		Mailing Address				
% ANITA CALLAHAN		% ANITA CALLAHAN				
8251 SW 39TI		8251 SW 39TH CT. DAVIE FL 33328				
DAVIE FL 33328		DUATE LE 20050			3. Date Incorporated or Qualified	3a. Date of Last Report
					08/17/1978	04/12/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2314848	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
22		27		J. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	55.00 May Be	
23		28	<b></b>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curre	ni Hegistered Agent	81	Nag: -	10. Name and Address of New Re	gistered Agent
	A		81	Name		
ACALLAHAN, ANITA			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
	/ 39TH CT.		==			
DAVIE FI	L 33328		83			
•			84	City		<b>85</b> Zip Code
						FL
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-	named corpo	ration submits this statement for the purport of directors. Thereby accept the appo	ose of changing its registered office introduct as registered agent. Lam
familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	or by the corp.	oration a bod	ard of directors. I hereby accept the appo	manioni do registereo agent. Fami
SIGNATURE	anita Calla	han ANIt	A CAL	IAHA	V Yan	29, 1996
	Signature, typeo or printed name of registered ager			nt signature require		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	
TITLE	COUNTRY CIECERIES	DELETE	1.1 TITLE		\$ <b>0000017</b> 9 03/22/96010	Change
NAME	SCHMIDT, SIEGFRIED		1.2 NAME		03/22/96F-010	)38012 <sup></sup>
STREET ADORESS	8391 SW 39 CT		1.3 STREE	ADDRESS	***61.25	
CITY-ST-ZIP	DAVIE, FL 00000		1.4 CiTY - 5			3 m S Change Addition
TITLE	DVP	DETELE		DVP	SUSAN WILLI	
NAME	CIVALE, JOHN		2 2 NAME		3920 SW 82 TE	RRACE
STREET ADDRESS	8411 SW 39TH COURT		2.3 STREE	ADDRESS	PAULE, FL	
CITY - ST - ZIP	DAVIE, FL 0		2 4 CITY	ST-ZIP		50 5/
TITLE	S CHICAN	DELETE	3 1 TITLE		5	Change Addition
NAME	WILLIAMS, SUSAN		3.2 NAME		CARMEN RA 8270 SW 39	TLIFE
STREET ADDRESS	3920 SW 82 TERR			ADDRESS	8270 SW 39	COURT
CITY-ST-ZIP	DAVIE FL	<b>—</b>	34 CITY-	SI-ZIP	DAVIE	
TITLE	D ONDO	<b>∑</b> \$€LETE	4.1 TITLE		TRASURER	Change Addition
NAME	WILKES, CHRIS		4. 2 NAME		ROBERT MOOK 8241 SW 396	
STREET ADDRESS	8320 SW 39 CT		4 3 STREE	ADDRESS	8241 SW 390	DUKT
CHTY - ST - ZIP	DAVIE, FL 00000		4.4 C(1Y -	ST-ZIP	DAVIE	
TITLE	D	DELETE	\$ 1 TITLE		D 448	☐ Change ☐ Addition
NAME	MOORE, ROBERT		5 2 NAME		TRINA HAR 8440 SW 39	COURT
STREET ADDRESS	8241 SW 39 CT		5 3 STREE	F ADDRESS	DAVIE	COURT
CITY-ST-ZIP	DAVIE, FL 00000		5.4 CITY -	ST - ZIP	DACIE	
TOTLE	T	<b>I</b> \$€DELÉTE	61 THILE		<i>D</i> ::	Change Addition
NAME	POSHELUK, DIANNE	•	6 2 NAME		BECKY BLAN 3960 SW 8	KENEY
STREET ADDRESS	8211 SW 39 CT		63 STREE	ADDRESS	3960 SW 8	3 TERRACE

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

PAULE

**SIGNATURE:** 

STREET ADDRESS

DAVIE FL