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Mar 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743964 (9)

1. Corporation Name

WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

% ANITA CALLAHAN  
8251 SW 39TH CT.  
DAVIE FL 33328% ANITA CALLAHAN  
8251 SW 39TH CT.  
DAVIE FL 33328-29013. Date Incorporated or Qualified  
08/17/19783a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CALLAHAN, ANITA  
8251 SW 39TH CT.  
DAVIE FL FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE *Susan Williams, Pres.*

3/10/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SCHMIDT, SIEGFRIED  
STREET ADDRESS 8391 SW 39 CT  
CITY-ST-ZIP DAVIE, FL 00000TITLE VD  
NAME WILLIAMS, SUSAN  
STREET ADDRESS 3920 SW 82 TERR  
CITY-ST-ZIP DAVIE FLTITLE S  
NAME WILLIAMS, SUSAN  
STREET ADDRESS 3920 SW 82 TERR  
CITY-ST-ZIP DAVIE FLTITLE T  
NAME MOORE, ROBERT  
STREET ADDRESS 8241 SW 39 CT  
CITY-ST-ZIP DAVIE FLTITLE D  
NAME HARDY, TRINA  
STREET ADDRESS 8440 SW 39 CT  
CITY-ST-ZIP DAVIETITLE D  
NAME BLAKENEY, BECKY  
STREET ADDRESS 3960 SW 83 TERR  
CITY-ST-ZIP DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME WILLIAMS, SUSAN  
1.3 STREET ADDRESS 3920 SW 82 TERR  
1.4 CITY-ST-ZIP DAVIE, FL 333282.1 TITLE VD  
2.2 NAME SCHMIDT, SIEGFRIED  
2.3 STREET ADDRESS 8391 SW 39 COURT  
2.4 CITY-ST-ZIP DAVIE, FL 333283.1 TITLE S  
3.2 NAME HOUSE, CAROLYN  
3.3 STREET ADDRESS 3961 SW 83 TERR.  
3.4 CITY-ST-ZIP DAVIE, FL 333284.1 TITLE T  
4.2 NAME HARDY, TRINA  
4.3 STREET ADDRESS 8440 SW 39 COURT  
4.4 CITY-ST-ZIP DAVIE, FL 333285.1 TITLE D  
5.2 NAME BLAKENEY, BECKY  
5.3 STREET ADDRESS 3960 SW 83 TERR.  
5.4 CITY-ST-ZIP DAVIE, FL 333286.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN WILLIAMS

3/10/97

954-370-3641

Daytime Phone # 0037456

CR2E037 (9/96)