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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90108 040 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743964**

1. Corporation Name

**WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION,  
INC.**

Principal Place of Business

2421 S.W. 127TH AVENUE  
DAVIE FL 33325  
US

Mailing Address

2421 S.W. 127TH AVENUE  
DAVIE FL 33325  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

08/17/1978

4. FEI Number

59-2314848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MIELE BROS. MANAGEMENT, INC.**  
2421 S.W. 127TH AVENUE  
DAVIE FL 33325

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/01/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **BLAKENEY, BECKY**  
CITY-ST-ZIP **3960 S.W. 83 TERRACE**  
**DAVIE FL 33328**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **POSHELUK, WILLIAM**  
CITY-ST-ZIP **8211 S.W. 39 COURT**  
**DAVIE FL 33328**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **HARDY, TRINA**  
CITY-ST-ZIP **8440 S.W. 39 COURT**  
**DAVIE FL 33328**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BECKNER, LAURIE**  
CITY-ST-ZIP **3950 S.W. 83 TERRACE**  
**DAVIE FL 33328**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CHUMENTO, CAROLYN**  
CITY-ST-ZIP **3961 S.W. 83 TERRACE**  
**DAVIE FL 33328**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **Director**  
1.3 STREET ADDRESS **Siegfried, Schmidt**  
1.4 CITY-ST-ZIP **8391 SW 39 Ct.**  
**DAVIE, FL 33328**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Becky Blakeney**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-99 305-270-5663  
Date Daytime Phone #

CR2E037 (11/98)