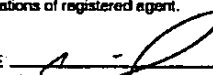
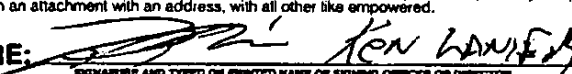


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-24-2005 90050 038 ****61.25

DOCUMENT # N04000006325			
1. Entity Name ROLLING HILLS PHASE THREE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 9283-2 SAN JOSE BLVD JACKSONVILLE, FL 32257		Mailing Address 9283-2 SAN JOSE BLVD JACKSONVILLE, FL 32257	
2. Principal Place of Business 5472 First Coast Hwy Suite, Apt. #, etc. 6		3. Mailing Address 5472 First Coast Hwy Suite, Apt. #, etc. 6	
City & State Amelia Island, FL		City & State Amelia Island, FL	
Zip 32034	Country US	Zip 32034	Country US
4. FEI Number 80-0115729		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, CHARLES 9283-2 SAN JOSE BLVD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Ken Lanier Street Address (P.O. Box Number is Not Acceptable) 5472-6 First Coast Hwy City Amelia Island FL Zip Code 32034	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Pres. Charles J. David 9283-2 San Jose Blvd. Jacksonville, FL 32257	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Pres. Ken Lanier 5472-6 First Coast Hwy Amelia Island, FL 32034	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. 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 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: 		Date 1-18-05 Daytime Phone 904-261-3600	

66002861



01132005 Chg-NP CR2E037 (10/03)