FILED
Feb 28, 2005 8:00 am
Secretary of State
01-24-2005 90050 038 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # N04000006325

1. Entity Name
ROLLING HILLS PHASE THREE HOMEOWNERS ASSOCIATION, INC.

66002861

Principal Place of Business	Mailing Address
9283-2 SAN JOSE BLVD JACKSONVILLE, FL 32257	9283-2 SAN JOSE BLVD JACKSONVILLE, FL 32257

01132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
5472 First Coast Hwy		5472 First Coast Hwy	
Suite, Apt. #, etc. 6		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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

Make check payable to Florida Department of State

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 ~~San Jose Blvd~~ 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
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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: Ken Lanier 1-18-05 904-261-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #