

N14 0000003378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

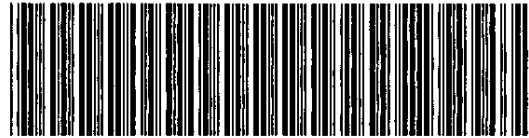
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-19705

Office Use Only



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03/19/14--01030--001 \*\*70.00

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DIVISION OF SOLE AGENCY  
2014 APR -4 PM 4:37

W14

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Rolling Pines Townhomes Homeowners Association, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Jennifer Fillmore  
Name (Printed or typed)

205 Brooks Street, Suite 201  
Address

Fort Walton Beach, FL 32548  
City, State & Zip

850.664.6000 x207  
Daytime Telephone number

jfillmore@pmainfo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2014

JENNIFER FILLMORE  
205 BROOKS STREET, SUITE 201  
FORT WALTON BEACH, FL 32548

SUBJECT: ROLLING PINES TOWNHOMES HOMEOWNERS ASSOCIATION,  
INC.  
Ref. Number: W14000019705

We have received your document for ROLLING PINES TOWNHOMES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00006648

FILED  
CLERK OF COURT  
DIVISION OF CORPORATIONS

2014 APR -4 PM 4:37

***Rolling Pines Townhomes Owners' Association, Inc.***  
***205 Brooks Street, Suite 201 • Fort Walton Beach, FL 32548***

April 4, 2014

Department of State  
Division of Corporations  
Attention: Valerie Herring  
2661 Executive Center Circle  
Tallahassee, FL 32301

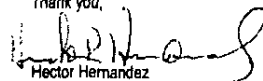
RE: Letter of Name Release

Dear Valerie,

Please accept this letter as our communication to release the name Rolling Pines Townhomes Owners' Association, Inc. We have no intention of reinstating the name.

If you have any questions or need additional information please contact Jennifer Fillmore at 850-664-6000 x207 or by email at [jfillmore@pmainfo.com](mailto:jfillmore@pmainfo.com).

Thank you,

  
Hector Hernandez  
Board President  
*H. Hernandez*

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Rolling Pines Townhomes Homeowners Association, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
205 Brooks Street, Suite 201

Mailing address, if different is:

Fort Walton Beach, FL 32548

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to provide an entity pursuant to Florida Statutes  
Chapter 720, for the operation, management, maintenance, and control of the Community property.  
The Association shall make no distribution of income to its members, directors or officers.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: membership election

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Peggy Hollingshead-President

Name and Title: \_\_\_\_\_

Address: PO Box 1527  
Crestview, FL 32539

Address: \_\_\_\_\_

Name and Title: Summer Melillo-Secretary

Name and Title: \_\_\_\_\_

Address: 254 Swaying Pine Court  
Crestview, FL 32539

Address: \_\_\_\_\_

Name and Title: Jim Robbins-Treasurer

Name and Title: \_\_\_\_\_

Address: 204 Cloverdale Blvd  
Fort Walton Beach, FL 32547

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 APR -4 PM 4:37

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

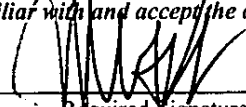
Name: Michael G. Kent  
Address: 205 Brooks Street, Suite 201  
Fort Walton Beach, FL 32548

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

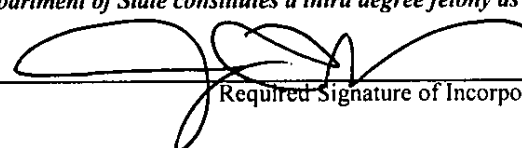
Name: Jennifer Fillmore  
Address: 205 Brooks Street, Suite 201  
Fort Walton Beach, FL 32548

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

2/28/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

2/28/14  
Date