1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N36887**

1. Corporation Name

## FAIRWAYS AT ROLLING HILLS HOMEOWNERS ASSOCIATION , INC.

Country

Principal Place of Business
8524 NE 136TH AVE LADY LAKE FL 32159
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

8524 NE 136TH AVE LADY LAKE FL 32159

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90112 046 \*\*\*\*61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

02/28/1990

59-2995391

4. FEI Number



24		25	29	30			Trust F	und Contribution		Added to	Fees
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
					81	Name					
	000481 5	PONALD D	00	0	(D.O. Day	Number is Not Acc	ontable)				
BROWN, RONALD D					82	Street Add	Hess (P.O. Box	Mulliper is Not Acc	eptable;		
8524 NE 136TH AVE					83						
1	LADY LAK	E FL 32159									
					84	City			FL	85 Zip C	ode
34	Description	to the provisions of Sections 617.0	02 and 617-1508	Elorida Statutos	the above	-named con	noration submit	s this statement for		hanging its r	registered
•••	office or re	egistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such	change was auth	orized by	the corporat	ion's board of d	irectors. I hereby a	ccept the appoin	tment as reg	istered
SIG	GNATURE								DATE		\
45		Signature, typed or printed name of registered a	<u> </u>	(NOTE: Re	13.	it signature requir	red when reinstating)	NS/CHANGES TO		D DIRECTOR	RS IN 12
12			AND DIRECTORS	DELETE	1.1 TIBLE		7,001110	710701111020110		Change	Addition
TITL	E	PD		U DELETE							
NAN	4E	BROWN, RONALD D.			1.2 NAME						
STR	EET ADORESS	5023 CR 125			1.3 STREET	ADDRESS					
CITY	r-ST-ZIP	WILDWOOD FL 34785			1,4 CITY-S	T-ZiP					T Addition
TITL	.E	VD		☐ DELETE	2.1 TITLE					☐ Change	Addition
NAA	Æ	HOPKINS, MICKEY A.			2.2 NAME						
STR	EETADORESS	34213 WASHINGTON ST			2.3 STREET	ADDRESS					}
CITY	Y-ST-ZIP	LEESBURG FL 34788			2. 4 CITY- S	T-ZIP					
TITL	.E	STD		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAA	Æ	FOX, GREGORY			3.2 NAME	}					1
STR	EET ADDRESS	5023 CR 125			3.3 STREET	ADDRESS					
cm	r-st-zip	WILDWOOD FL 34785			3.4. CITY-S	T-ZIP					}
TITL				☐ DELETE	4.1 TITLE					Change	Addition
NA	Æ	<del>-</del>			4. 2 NAME						
STR	REET ADORESS				4.3 STREET	ADORESS					
CIT	Y-ST-ZIP				4.4 CITY-S	T-ZIP					
TITL				DELETE	5.1 TITLE					☐ Change	☐ Addition
NAM	AE .				5.2 NAME						
STR	REET ADDRESS				5.3 STREE	TADORESS					
	Y-ST-ZIP				5.4 CITY-S	T-ZIP					
TITL		1 1 2 P. J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		☐ DELETE	6.1 TITLE					Change	☐ Addition
NA.	AÉ	•			6.2 NAME						
	EET ADDRESS				6.3 STREE	TADORESS					
	Y-ST-ZIP				6.4 CITY-S	T-ZIP					
14	I hereby o	certify that the information supplied	with this filing does	not qualify for th	e exempt	on stated in	Section 119.07	(3)(i), Florida Statut	es. I further cert	ify that the ir	nformation
•	indicated	on this annual report or supplemen	tal annual report is	true and accurat	e and tha	t my signatu	re shall have th	è same legal effect	as if made under	r oath; that I	am an

Country

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:

URE REQUIRED AND NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable