


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N36887</b> 1. Entity Name FAIRWAYS AT ROLLING HILLS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 9526 C.R. 125C WILDWOOD, FL 34785 US	Mailing Address P.O. BOX 1535 WILDWOOD, FL 34785-1535
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2995391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WADE, JAMES E III  
116 BUSHNELL PLAZA  
BUSHNELL, FL 33513

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000585661 01/16/07-80021-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCH, ELWOOD 9526 COUNTY ROAD 125C WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, ALBERT 9262 COUNTY ROAD 125D WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHANNON, MICHAEL 9551 COUNTY ROAD 125C WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, DEBRA 1576 BELLA CRUZ DRIVE #334 LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, RICHARD 5110 COUNTY ROAD 125A WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  Debra Miller, Treasurer 1-8-07 352 748-5680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR