

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003978

1. Entity Name

ROLLING HILLS PLANTATION HOMEOWNERS' ASSOCIATION

Principal Place of Business

8100 SW 36TH ST.
DAVIE FL 33328

Mailing Address

C/O CDS MGMT & REAL ESTATE GROUP INC
PO BOX 17524
PLANTATION FL 33318-7524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0804076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CDS MGMT & REAL ESTATE GROUP INC
1876 N UNIVERSITY DR
STE 201F
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name CDS Management & Real Estate Group, Inc
Street Address (P.O. Box Number is Not Acceptable) 300 South Pine Island Road
Suite 212
City Plantation FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
DP
REITSMA, RONALD A
7227 CLINT MOORE RD.
BOCA RATON FL 33496

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
DVT
TERAZAWA, JOANNE
8100 SW 36TH ST.
DAVIE FL 33328

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
DS
MOYA, ALFONSO
3501 W. ROLLING HILLS CIR.
DAVIE FL 33328

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90496 031 ****61.25



DO NOT WRITE IN THIS SPACE

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