

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743964

FILED
Mar 01, 2016
Secretary of State
CC8012866645**Entity Name:** WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O MIAMI MANAGEMENT INC
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323**Current Mailing Address:**1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323 US**FEI Number:** 59-2314848**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUCKER & TIGHE, PA
800 E BROWARD BLVD
STE 710
FORT LAUDERDALE, FL 33301 US*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:** THOMAS TIGHE, PA

03/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	SCHMIDT, SIEGFRIED
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	MORIN, JOSEPH
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	MARSIDI, DAVID
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT
Name	NARCISSE, ERROL
Address	1145 SAWGRASS CORPORATE PKWY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	FERNANDEZ, MARIA
Address	1145 SAWGRASS CORPORATE PKWY #107
City-State-Zip:	SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERROL NARCISSE**PRESIDENT**

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date