

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743964

FILED
Jan 18, 2019
Secretary of State
5054356855CC**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:**C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323 US**FEI Number: 59-2314848****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE LAW OFFICES OF LEE H. BALLARD, P.A.
10100 W SAMPLE RD, THIRD FLOOR
CORAL SPRINGS, FL 33065 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	MORIN, JOSEPH
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	PRESIDENT
Name	NARCISSE, ERROL
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	DIRECTOR
Name	GOEDECKE, LAURIE
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	SECRETARY
Name	PARDO, JONNATHAN
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title	TREASURER
Name	FERNANDEZ, MARIA
Address	C/O MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORPORATE PKWY

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****01/18/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date