

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000004977

**Entity Name:** ROLLING RIDGE RV RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

20285 US HWY 27  
CLERMONT, FL 34715

**Current Mailing Address:**

20285 US HWY 27  
CLERMONT, FL 34715 US

**FEI Number: 26-0239142**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DASHIO, CLAUDIA  
20285 US HWY 27  
CLERMONT, FL 34715 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:** CLAUDIA DASHIO

08/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MOORE, ORVIN  
Address        20285 US HWY 27  
                  LOT 51  
City-State-Zip: CLERMONT FL 34715

Title            VP, DIRECTOR  
Name            BROOKS, JERRY  
Address        20285 US HWY 27  
                  LOT 109  
City-State-Zip: CLERMONT FL 34715

Title            SECRETARY, DIRECTOR  
Name            CENOTTI, MARY  
Address        20285 US HWY 27  
                  LOT 146  
City-State-Zip: CLERMONT FL 34715

Title            TREASURER, DIRECTOR  
Name            DASHIO, CLAUDIA  
Address        20285 US HWY 27  
                  LOT 43  
City-State-Zip: CLERMONT FL 34715

Title            DIRECTOR  
Name            GOODELL, DAVID  
Address        20285 US HWY 27  
                  LOT 91  
City-State-Zip: CLERMONT FL 34715

Title            ASST. TREASURER, OFFICER  
Name            MALLOY, JEANNE  
Address        20285 US HWY 27  
                  LOT 98  
City-State-Zip: CLERMONT FL 34715

*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:** JEANNE MALLOY

**OFFICER, TREASURER  
ASSISTANT**

08/28/2017

Electronic Signature of Signing Officer/Director Detail

Date