

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010879

**Entity Name:** ROLLINS ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC8239750029**

**Current Principal Place of Business:**

14404 SCHARBER ROAD  
DADE CITY  
DADE CITY, FL 33525

**Current Mailing Address:**

14404 SCHARBER ROAD  
DADE CITY  
DADE CITY, FL 33525

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ROLLINS, WILLIAM H  
14404 SCHARBER RD  
DADE CITY, FL 33525 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	D	Title	D
Name	ROLLINS, WILLIAM H	Name	ROLLINS, ROSEMARIE
Address	14404 SCHARBER RD	Address	14404 SCHARBER RD
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33525
Title	D		
Name	WEEKS, CHRISTINE		
Address	37629 PHELPS ROAD		
City-State-Zip:	ZEPHYRHILLS FL 33541		

*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: WILLIAM ROLLINS**

**PRES**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date