| DOCUMENT# N14000003378 | | | | Jan 30, 2024 |
|---|--|-----------------------|------------------------------------|--------------------------|
| Entity Name: ROLLING PINES TOWNHOMES HOMEOWNERS ASSOCIATION, INC. | | | Secretary of State 0085253728CC | |
| Current Pri | incipal Place of Business: | | | |
| 25 WALTER N 202 | IARTIN RD. N.E. | | | |
| FORT WALTO | N BEACH, FL 32549 | | | |
| Current Ma | iling Address: | | | |
| P.O. BOX 2 FORT WAL | 620 TON BEACH, FL 32549 US | | | |
| FEI Number: 20-3886811 Certificate | | | f Status Desired: No | |
| Name and | Address of Current Registered Agent: | | | |
| 25 WALTER M | PROPERTY GROUP, INC. IARTIN RD. N.E. | | | |
| 202 FORT WALTO | N BEACH, FL 32549 US | | | |
| The above name | ed entity submits this statement for the purpose of changing its reg | gistered office or re | gistered agent, or both | in the State of Florida. |
| SIGNATUR | E: JON MCLEOD | | | 01/30/2024 |
| | | | | |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire | Electronic Signature of Registered Agent | | | Date |
| Officer/Dire Title | | Title | PRESIDENT | Date |
| | ector Detail : | Title Name | PRESIDENT POLLEN, JAN | Date |

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

City-State-Zip: FT WALTON BEACH FL 32549

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: JAN POLLEN

PRESIDENT

City-State-Zip: FT WALTON BEACH FL 32549

01/30/2024

FILED

Electronic Signature of Signing Officer/Director Detail

Date