

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720031** (4)  
1. Corporation Name  
**ROLLING GREEN GOLF VILLAGE ASSOCIATION, INC.**

Principal Place of Business  
**2591 GOLF COURSE DR.  
SARASOTA FL 34234**

Mailing Address  
**2591 GOLF COURSE DR.  
SARASOTA FL 34234**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/11/1971</b>	
4. FEI Number <b>59-1619412</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WOOD, JOHN J.  
2180 GOLF COURSE DRIVE  
SARASOTA FL 34234**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John J. Wood* **JOHN J. WOOD**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>MAYO, KENNETH</b>
STREET ADDRESS	<b>2682 GOLF COURSE DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PETRAGNANI JR., ALBERT</b>
STREET ADDRESS	<b>2576 GOLF COURSE DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>MARVIN, ANNE K.</b>
STREET ADDRESS	<b>2723 GOLF COURSE DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>GUETHLEIN, ANNA MAE</b>
STREET ADDRESS	<b>2437 GOLF COURSE DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>KAUFMAN, PHILIP</b>
STREET ADDRESS	<b>2639 GOLF COURSE DRIVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>BARDEN, RALPH E.</b>
STREET ADDRESS	<b>2568 GOLF COURSE DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>RON EDWARDS</b>
5.3 STREET ADDRESS	<b>2614 GOLF COURSE DR.</b>
5.4 CITY-ST-ZIP	<b>SARASOTA, FL 34234</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Anna Mae Guethlein* **ANNA MAE GUETHLEIN**

CR2E037 (10/97)