

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90056 034 ****61.25

DOCUMENT # 720031

1. Entity 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**

20012617



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1619412

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, RONALD W PD
2614 GOLF COURSE DR.
SARASOTA, FL 34234**

7. Name and Address of New Registered Agent

Name

GALLO, ROSALANA

Street Address (P.O. Box Number is Not Acceptable)

2704 GOLF COURSE DR

SARASOTA

City

FL

Zip Code

34234

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rosalana B Gallo **TREASURER**
Signature, typed or printed name of registered agent and title if applicable.
ROSALANA B GALLO

(NOTE: Registered Agent signature required when reinstating)

2/10/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DYER, COLIN**
STREET ADDRESS **2642 GOLF COURSE DR**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
NAME **EBOVICZ, JOHN**
STREET ADDRESS **2732 GOLF COURSE DR.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☒ Delete
NAME **DEFURIA, DENA**
STREET ADDRESS **2610 GOLF COURSE DR.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **TD** ☐ Delete
NAME **GALLO, ROSALANA**
STREET ADDRESS **2704 GOLF COURSE DR.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **VP PRES/DIR.** ☐ Delete
NAME **DECKER, GEORGE D**
STREET ADDRESS **2748 GOLF COURSE DR.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **SD** ☐ Delete
NAME **ASTON, JAMES O**
STREET ADDRESS **2555 GOLF COURSE DR.**
CITY-ST-ZIP **SARASOTA, FL 34234**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **(D)** ☐ Change ☐ Addition
NAME **LYON, THOMAS**
STREET ADDRESS **2621 GOLF COURSE DR**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **(D)** ☐ Change ☒ Addition
NAME **FABOZZI JACK V.P.**
STREET ADDRESS **2508 GOLF COURSE DR**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **(D)** ☐ Change ☒ Addition
NAME **PETRAGNANI, AL**
STREET ADDRESS **2484 GOLF COURSE DR**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosalana B Gallo **TR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

DATE

941-360-8578

DAYTIME PHONE #