

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 001 \*\*\*\*61.25

00014230



01292006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 720031</b> 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1619412</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>GALLO, ROSALANA</b> <b>2704 GOLF COURSE DR</b> <b>SARASOTA, FL 34234</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P <b>FABOZZI, JACK</b> 2508 GOLF COURSE DR SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>EBOVICZ, JOHN</b> 2732 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LYON, THOMAS</b> 2621 GOLF COURSE DR SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>GALLO, ROSALANA</b> 2704 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D <b>DECKER, GEORGE D</b> 2748 GOLF COURSE DR. SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>ASTON, JAMES O</b> 2555 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>EDWARDS, RONALD W</b> 2614 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>SANDERSON, ANN</b> 2556 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BROWN, AUDREY ANN</b> 2675 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PETRAGNANI, ALBERT A.</b> 2484 GOLF COURSE DR. SARASOTA, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>James O. Aston</i> <b>JAMES O. ASTON</b> SECRETARY & DIR. 2/4/06 (941) 358-0712					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					