

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90047 002 \*\*\*\*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**

**40016599**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**GALLO, ROSALANA  
2704 GOLF COURSE DR  
SARASOTA, FL 34234**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME EDWARDS, RONALD W  
STREET ADDRESS 2614 GOLF COURSE DR  
CITY- ST- ZIP SARASOTA, FL 34234 ☐ Delete

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

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

TITLE VPD  
NAME PETRAGNANI, ALBERT  
STREET ADDRESS 2484 GOLF COURSE DR  
CITY- ST- ZIP SARASOTA, FL 34234 ☐ Change ☒ Addition

TITLE D  
NAME BROWN, AUDREY A  
STREET ADDRESS 2675 GOLF COURSE DR  
CITY- ST- ZIP SARASOTA, FL 34234 ☐ Delete

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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

**SIGNATURE:**

*Rosalana Gallo*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

*2/10/07*  
Date

*941-360-8578*  
Daytime Phone #