


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

03-14-2008 90044 014 ****61.25

DOCUMENT # 720031
 1. Entity Name
ROLLING GREEN GOLF VILLAGE ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2591 GOLF COURSE DR. 2591 GOLF COURSE DR.
 SARASOTA, FL 34234 SARASOTA, FL 34234

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01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number Applied For
59-1619412 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GALLO, ROSALANA
2704 GOLF COURSE DR
SARASOTA, FL 34234

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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 *Rosalana B Gallo* 3/5/08 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$81.25
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, RONALD W <i>ASTON, JAMES</i> 2644 GOLF COURSE DR, 2555 SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETRAGNANI, ALBERT 2484 GULF COURSE DR SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, AUDREYA <i>SMITH, AL</i> 2675 GOLF COURSE DR <i>2615</i> SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLO, ROSALANA 2704 GOLF COURSE DR. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASTON, JAMES O <i>TREHLETT, JAN</i> 2666 GOLF COURSE DR. 2723 SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.</i> O'CONNOR, CAROL - DIR. 2759 GOLF COURSE DR SARASOTA, FL 34234

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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 B Gallo *Rosalana B Gallo* 3/5/08 941-360-8578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #