2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 720031

Entity Name: ROLLING GREEN GOLF VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

2591 GOLF COURSE DR.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2591 GOLF COURSE DR.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-1619412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ASTON, JAMES	
Address:	2555 GOLF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	
Title:	VPD	( ) Delete
Name:	PETRAGNANI, ALBERT	
Address:	2484 GULF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	SMITH, AL	
Address:	2615 GOLF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	
Title:	TD	( ) Delete
Name:	GALLO, ROSALANA	
Address:	2704 GOLF COURSE DR.	
City-St-Zip:	SARASOTA, FL 34234	
Title:	SD	( ) Delete
Name:	TREHLETT, JAN	
Address:	2723 GOLF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	
Title:	D	( ) Delete
Name:	O'CONNOR, CAROL	
Address:	2759 GOLF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WALKER, MICHAEL	
Address:	2560 GOLF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	TREMLETT, JAN	
Address:	2723 GOLF COURSE DR	
City-St-Zip:	SARASOTA, FL 34234	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALANA GALLO TREA 02/04/2009

Electronic Signature of Signing Officer or Director — Date