

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90136 037 \*\*\*\*61.25

**DOCUMENT # 756525**

1. Entity Name  
**ROLLING HILLS GOLF AND TENNIS CLUB  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323**

Mailing Address  
**C/O MIAMI MANAGEMENT, INC  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323**

40043600



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2065952**

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

**BROUGH, DAVID ESQ  
150 S. PINE ISLAND RD  
540  
FORT LAUDERDALE, FL 33324**

Name **BAKALAR & EICHNER P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 S. PINE ISLAND RD SUITE 540  
PLANTATION, FL 33324**  
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

*Bakalar & Eichner PA*

*3/16/2007*

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 **P** ☐ Delete  
NAME **NEMETZ, JERRY**  
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **VP** ☐ Change ☒ Addition  
NAME **ZAGAR, BASEL**  
STREET ADDRESS **1145 SAWGRASS CORP. PKY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **V** ☒ Delete  
NAME **KOHLER, JOANN**  
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **TREAS.** ☐ Change ☒ Addition  
NAME **MCDERMOTT, MICHAEL**  
STREET ADDRESS **1145 SAWGRASS CORP. PKY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **T** ☒ Delete  
NAME **DURDEN, WILLEY**  
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **SECTY** ☐ Change ☒ Addition  
NAME **LEPAGE, SHARI**  
STREET ADDRESS **1145 SAWGRASS CORP. PKY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **S** ☒ Delete  
NAME **CHOATE, BETTY**  
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE **D** ☐ Delete  
NAME **DI BASE, DUKE**  
STREET ADDRESS **1145 SAWGRASS CORPORATE PARKWAY**  
CITY-ST-ZIP **SUNRISE, FL 33323**

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

TITLE ☐ Delete  
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 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:

*James M. Nemetz - President*

*3-19-07*

Date

Daytime Phone #