


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90192 044 ****61.25

DOCUMENT # 756525 1. Entity Name ROLLING HILLS GOLF AND TENNIS CLUB CONDOMINIUM I 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2065952				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAKALAR & EICHNER P.A. 150 S. PINE ISLAND RD 540 FORT LAUDERDALE, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEMETZ, JERRY		NAME		
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZACOR, BASEL		NAME		
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DURDEN, WILLEY		NAME	CHOATE, BETTY	
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY		STREET ADDRESS	1145 SAWGRASS CORP PKWY	
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP	SUNRISE, FL 33323	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDERMOTT, MICHAEL		NAME		
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEPAGE, SHARI		NAME	DIBIASE, CONSTANTINO	
STREET ADDRESS	1145 SAWGRASS CORPORATE PARKWAY		STREET ADDRESS	1145 SAWGRASS CORP. PARKWAY	
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP	SUNRISE, FL 33323	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Jerry Nemetz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-12-08 <small>Date</small>		
			<small>Daytime Phone #</small>		