2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 757017

1. Entity Name
ROLLING OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1625 N.W. 188TH TERRACE MIAMI, FL 33169	1625 N.W. 188TH TERRACE MIAMI, FL 33169

08162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISLEY, BILLY
1740 NW 193RD ST
MIAMI, FL 33056

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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: Billy Isley 8/18/05
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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, ALAN
STREET ADDRESS	1760 NW 193RD
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	ISLEY, BILLY
STREET ADDRESS	1740 N.W. 193RD ST.
CITY ST ZIP	MIAMI, FL
TITLE	TD
NAME	DUPREEE, HOWARD
STREET ADDRESS	1740 N.W. 193RD ST.
CITY ST ZIP	MIAMI, FL
TITLE	VD
NAME	JENKINS, NELSON
STREET ADDRESS	1743 N.W. 193RD ST.
CITY-ST ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/05-80004-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Billy Isley 8/18/05 305-624-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #