

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 757017

1. Entity Name
ROLLING OAKS HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
1625 N.W. 188TH TERRACE
MIAMI, FL 33169



05312007 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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

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 14, 2007**

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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06/12/07-20004-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Billy Isley Billy Isley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/07

Date

305 624-9207

Daytime Phone #