



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 757017</b> 1. Entity Name <b>ROLLING OAKS HOMEOWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 SEP 11 PM 12:56</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 																									
Principal Place of Business 1625 N.W. 188TH TERRACE MIAMI, FL 33169				Mailing Address 1625 N.W. 188TH TERRACE MIAMI, FL 33169																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable		05062008 Chg-NP CR2E037 (12/06)																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required																											
6. Name and Address of Current Registered Agent <b>ISLEY, BILLY</b> <b>1740 NW 193RD ST</b> <b>MIAMI, FL 33056</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																											
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 <u><i>Billy Isley</i></u> <span style="float: right;"><u>Sept. 6, 2008</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																															
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																									
<b>Make check payable to Florida Department of State</b>																															
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D CLARK, ALAN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1760 NW 193RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, <i>GARDENS, FL</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	D CLARK, ALAN	<input type="checkbox"/> Delete	NAME	1760 NW 193RD		STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> <div style="border: 1px solid black; padding: 5px;"> <b>100135692301</b>            09/11/08--01043--004 **61.25         </div> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	<div style="border: 1px solid black; padding: 5px;"> <b>100135692301</b>            09/11/08--01043--004 **61.25         </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D CLARK, ALAN	<input type="checkbox"/> Delete																													
NAME	1760 NW 193RD																														
STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>																														
CITY-ST-ZIP																															
TITLE	<div style="border: 1px solid black; padding: 5px;"> <b>100135692301</b>            09/11/08--01043--004 **61.25         </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD ISLEY, BILLY</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1740 N.W. 193RD ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, <i>GARDENS, FL</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PD ISLEY, BILLY	<input type="checkbox"/> Delete	NAME	1740 N.W. 193RD ST.		STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD ISLEY, BILLY	<input type="checkbox"/> Delete																													
NAME	1740 N.W. 193RD ST.																														
STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>																														
CITY-ST-ZIP																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">TD DUPREEE, HOWARD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1740 N.W. 193RD ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, <i>GARDENS, FL</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	TD DUPREEE, HOWARD	<input type="checkbox"/> Delete	NAME	1740 N.W. 193RD ST.		STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD DUPREEE, HOWARD	<input type="checkbox"/> Delete																													
NAME	1740 N.W. 193RD ST.																														
STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>																														
CITY-ST-ZIP																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VD JENKINS, NELSON</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1743 N.W. 193RD ST.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, <i>GARDEN, FL</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	VD JENKINS, NELSON	<input type="checkbox"/> Delete	NAME	1743 N.W. 193RD ST.		STREET ADDRESS	MIAMI, <i>GARDEN, FL</i>		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VD JENKINS, NELSON	<input type="checkbox"/> Delete																													
NAME	1743 N.W. 193RD ST.																														
STREET ADDRESS	MIAMI, <i>GARDEN, FL</i>																														
CITY-ST-ZIP																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D BETTY T. FERGUSON</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1625 N.W. 188TH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, <i>GARDENS, FL</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	D BETTY T. FERGUSON	<input type="checkbox"/> Delete	NAME	1625 N.W. 188TH		STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D BETTY T. FERGUSON	<input type="checkbox"/> Delete																													
NAME	1625 N.W. 188TH																														
STREET ADDRESS	MIAMI, <i>GARDENS, FL</i>																														
CITY-ST-ZIP																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																													
NAME																															
STREET ADDRESS																															
CITY-ST-ZIP																															
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Billy Isley* Sept. 6, 2008 (305) 624-9207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

9/12/08