

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760378 (0)

1. Corporation Name

**ROLLING HILLS GOLF AND TENNIS CLUB CONDOMINIUM I
X ASSOCIATION, INC.**



Principal Place of Business

3300 W.ROLLING HILLS CRCL.U408
3300 W. ROLLING HILLS CRCL. U602
DAVIE FL 33328

Mailing Address

3300 W.ROLLING HILLS CRCL.U408
3300 W. ROLLING HILLS CRCL. U602
DAVIE FL 33328

3. Date Incorporated or Qualified
10/12/1981

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-2154415

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPINK, RODGER L.
1640 N.69 WAY
HOLLYWOOD FL 33024**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MODIC, MARIE A.**
CITY-ST-ZIP **3300 W.ROLLING HILLS CIR
DAVIE FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LUTZ, WILLIAM**
CITY-ST-ZIP **3300 W.ROLLING HILLS CIR
DAVIE FL**

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **SWEITZER, JOHN**
CITY-ST-ZIP **3300 W.ROLLING HILLS CIR
DAVIE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE ☐ Change ☒ Addition
12 NAME **T**
13 STREET ADDRESS **JOHN LAUER**
14 CITY-ST-ZIP **3300 W.ROLLING HILLS CIR.
DAVIE, FL**

21 TITLE ☐ Change ☒ Addition
22 NAME **JERRY WEST**
23 STREET ADDRESS **3300 W.ROLLING HILLS CIR**
24 CITY-ST-ZIP **DAVIE, FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Lauer
JOHN LAUER

2/10/96
Date

305 592 8110
Daytime Phone

CR2E037 (12/95)