**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90150 008 ****61.25

0039219

DOCUMENT # **760378**

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3300 W.ROLLING HILLS CRCL..U408<br>3300 W. ROLLING HILLS CRCL.. U602<br>FT LAUDERDALE FL 33328<br>US | P.O. BOX 26478<br>3300 W. ROLLING HILLS CRCL.. U602<br>DAVIE FL 33328<br>US |

2. Principal Place of Business
21 7101 W Commercial Blvd
Suite, Apt. #, etc.
22 4-A
City & State
23 Ft Lauderdale FL
Zip 24 33319 Country 25 Broward

2a. Mailing Address
26 P O BOX 26478
Suite, Apt. #, etc.
27
City & State
28 Ft Lauderdale FL
Zip 29 33320-6478 Country 30 Broward

3. Date Incorporated or Qualifed
10/12/1981

4. FEI Number
59-2154415
☐ Applied For
☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

SPINK,RODGER L.
1640 N.69 WAY
HOLLYWOOD FL 33320

10. Name and Address of New Registered Agent

81 Name: ALLIANCE PROPERTY SYSTEMS
82 Street Address (P.O. Box Number is Not Acceptable): 7101 W COMMCERCIAL BLVD 4-A
83
84 City: FORT LAUDERDALE **FL** 85 Zip Code: 33319

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] Vice President 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | STD | ☐ Change ☒ Addition |
| NAME | WEST, GERALD | | 1.2 NAME | Hogan, Francis | |
| STREET ADDRESS | 3300 W.ROLLING HILLS CIR | | 1.3 STREET ADDRESS | 3300 W. Rolling Hills Cir | |
| CITY-ST-ZIP | DAVIE FL | | 1.4 CITY-ST-ZIP | Davie FL 33328 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LUTZ, WILLIAM | | 2.2 NAME | | |
| STREET ADDRESS | 3300 W.ROLLING HILLS CIR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | STD | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LAUER, JOHN | | 3.2 NAME | | |
| STREET ADDRESS | 3300 W ROLLING HILLS CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAVIE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

14. 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 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, with all other like empowered.

**SIGNATURE:** Gerald P West TREASURER 4-22-99 954-724-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #