


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90020 048 ****61.25

DOCUMENT # 760378					
1. Entity Name ROLLING HILLS GOLF AND TENNIS CLUB CONDOMINIUM IX ASSOCIATION, INC.					
Principal Place of Business 8360 W OAKLAND PARK BLVD. STE 301 SUNRISE, FL 33351 US			Mailing Address PO BOX 452199 SUNRISE, FL 33345-2199 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2154415	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES 621 NW 53RD CT BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORIO, SALVATORE		NAME		
STREET ADDRESS	28 COOPER ST		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE, RI 02904		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAILLA, ANTONIETTA		NAME		
STREET ADDRESS	3300 WEST ROLLING HILLS CR # 705		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	DSGT	<input type="checkbox"/> Delete	TITLE	Sec./Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, JAMES		NAME		
STREET ADDRESS	3300 WEST ROLLING HILLS CIR # 410		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKWITH, MARY		NAME		
STREET ADDRESS	3300 WEST ROLLING HILLS CR # 104		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNI, ERNEST		NAME		
STREET ADDRESS	835 BELLFLOWER AVE NW		STREET ADDRESS		
CITY-ST-ZIP	CANTON, OH 44708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____		<i>James Lyons</i> James Lyons X		3/28/08 954-570-5900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	