


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90027 020 ****61.25

DOCUMENT # 766697	
1. Entity Name ROLL'S LANDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 23465 HARBOR VIEW ROAD CHARLOTTE HARBOR, FL 33980	Mailing Address 23465 HARBOR VIEW ROAD CHARLOTTE HARBOR, FL 33980
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40047431



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

03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2262530	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANKO, SHERRY STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD, STE 2 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. ☐ \$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	
T NAME SCOTTO, VINCENT STREET ADDRESS 23465 HARBOR VIEW RD 634 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	T NAME RODNER, BARBARA STREET ADDRESS 23465 HARBOR VIEW RD 1008 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME GRAVENSTINE, BARBARA STREET ADDRESS 23465 HARBOR VIEW RD 843 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME ARGUIN, RALPH STREET ADDRESS 23465 HARBOR VIEW RD 815 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	P NAME ARGUIN, RALPH STREET ADDRESS 23465 HARBOR VIEW RD 815 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME SIKORSKI, RICHARD STREET ADDRESS 23465 HARBOR VIEW RD 833 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	V NAME SIKORSKI, RICHARD STREET ADDRESS 23465 HARBORVIEW RD 833 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME BROWN, MELBA STREET ADDRESS 23465 HARBOR VIEW RD 1009 CITY-ST-ZIP PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Gravenstine BARBARA GRAVENSTINE 3-12-08 (941) 743-9690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #