

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
(DIVISION OF CORPORATIONS)**

95 MAR 28 PM 5:37

DOCUMENT # J58521 (2)
1. Corporation Name
ROLLING PINES HOMEOWNER S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
W.A. SAUNDERS 1 RIVER ST. WHITE SPRINGS FL 32096		W.A. SAUNDERS 1 RIVER ST. WHITE SPRINGS FL 32096	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	2a	02/24/1987	03/04/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2057734	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	☐
24	25	29	30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

SAUNDERS, W.A.
1 RIVER STREET
WHITE SPRINGS FL 32096

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PAISLEY, CATHERINE S.	1.2 NAME	
STREET ADDRESS	3465 MIDVALE AVE.	1.3 STREET ADDRESS	
CITY, ST., ZIP	PHILADELPHIA PA	1.4 CITY, ST., ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST., ZIP		2.4 CITY, ST., ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST., ZIP		3.4 CITY, ST., ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		4.4 CITY, ST., ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST., ZIP		5.4 CITY, ST., ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST., ZIP		6.4 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)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Catherine S. Paisley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CATHERINE S. PAISLEY

215-848
Mar 23, 1995 0348
Date Signature