2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90248 015 ****70.00

Abuling Address Suffe Suff	1. Entity Name ROLLING HILLS ESTATES HOMEOWNERS ASSOCIATION, INC.							A D D	00212		
Sulle, Apt. #, etc. Sulle, Apt. #, etc.	3890 TURTLE CREEK DRIVE 3890 SUITE B SUIT			3890 Suite	390 TURTLE CREEK DRIVE BITE B						
City & State Country A FEIN Number 27-0036388 \$8.75 Additional recognition of Status Desired To Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of N	Principal Place of Business - No P.O. Box # 3. Mail				lailing Address			T I LEANIEL BU BONG NEW BEN BONG BEN BONG TENK BENG AND A FORE NOOF ENDER BUILDE BY NEW BONG BONG BONG BONG BONG BONG BONG BONG			
Zip Country Zip Country	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			01052007 CI	ng-NP CR2	E037 (12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing 9. Election Campaign Financing 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILLE DPST NAME BARROW, RALEIGH SIBERI ADDRESS 148 PINED DRIVE NEW SMYRNA BEACH, FL 32188 DVINES AGENT NAME BARROW, ANTHONY J SIBERI ADDRESS 148 PINED DRIVE NEW SMYRNA BEACH, FL 32168 DVINES AGENT NAME BARROW, PEGGY D SIBERI ADDRESS 118 SECENCETORS 119 SOUTH AND STATE AGENTS STEERI ADDRESS 148 PINED DRIVE NEW SMYRNA BEACH, FL 32168 Delete NEW SM	City & State			City	City & State						
FRIEBIS, DANIEL S 3880 TURTLE CREEK DRIVE SUITE B PORT ORANGE, FL 32127 – 93-5.2. City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City City FL Zip Code City C	Zip	Country Zi			Country						
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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 Signature Filling Foe is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTEL BARROW, RALEIGH SIREEL ADDRESS OITY-S1-2P NEW SMYRNA BEACH, FL 32168 DROW, ANTHONY J SIREEL ADDRESS SIREEL ADDRE	3890 TURTLE CREEK DRIVE					Street A	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its 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 applicable. (NOTE Registered Agent signature required when remaiting) DATE											
SIGNATURE Signature typed or printed name of registered agent and title if appacable. (HOTE Registered Agent sonature required when rendstang) DATE	* .									<u>- L</u>	
FIling Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IO INTLE BARROW, RALEIGH STREET ADDRESS GITY-ST-2IP INE BARROW, ANTHONY J STREET ADDRESS GITY-ST-2IP INE BARROW, PEGGY D STREET ADDRESS GITY-	the obligat	ions of regist	ered agent.								and accept
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NAME NAME	CITY - ST - ZIP					CITY-ST-ZIP	1				
CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental length at true and accurate and that my signature shall have the same length effect as if made under onthe that I am an officer or director.	TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRESS	2			☐ Change	☐ Addition

rue and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director pered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the property of of the corporation or the receiver or trus changed, or on an attachment with an

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR Date