2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2006 8:00 am Secretary of State

01-10-2006 90022 004 ****70.00

DOCUMENT # N04000002244

ROLLING RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 11318 CARROLWOOD DR Mailing Address

11318 CARROLWOOD DR

TAMPA, FL 3	33618	tampa,	FL 33618						
• D-li	to and final and the second se	1 4 44-11/-							
11318	tacgof Business Wood Or	3. Mailing	& Carro	llwood R	24 INTERNA	6 9 37 0140 4940 0140 046			
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.		01062006	Chg-NP	CR2E037 (11/05)		
Tampa	. 1 / 2 / 1 / 3	City &	PA FL	33618	4. FEI Numbe 33-1086			plied For t Applicable	
33	618 Country A	33	618	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	itional d	
6. Name and Address of Current Registered Agent					7. Name and	7. Name and Address of New Registered Agent			
MEDRICH,			-	Name N	EDIC	H, DA	VIDS.	<u></u>	
11318 CAF TAMPA, FI	RROLLWOOD DR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
I AMPA, FI	L 33010			11	318 G	arroll	W000 K)/	
<u>:</u>				City	4MPA	•	FL Zip Cod	3618	
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									
." the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh									
	Filing Fee is \$61.25		9. Election Camp		\$5.00 May B	e N	take check payable t		
1	Due by May 1, 2006		Trust Fund Cor	ntribution.	Added to Fees	FIO	rida Department of St	care	
10.	Due by May 1, 2006 OFFICERS AND DIF	RECTORS	rust Fund Cor	11,			RS AND DIRECTORS IN		
10. TITLE	OFFICERS AND DIF	RECTORS	Trust Fund Cor	11.					
TITLE NAME	OFFICERS AND DIF PD MEDICH, DAVID S	RECTORS		11. HILE NAME			RS AND DIRECTORS IN	110	
10. TITLE	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR	RECTORS		11.			RS AND DIRECTORS IN	110	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD MEDICH, DAVID S	RECTORS		11. TITLE NAME STREET ADDRESS			RS AND DIRECTORS IN	110	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618	RECTORS	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-2IP			ERS AND DIRECTORS IN	I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR	RECTORS	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			ERS AND DIRECTORS IN	I 10 Addition	
10. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618	RECTORS	Delete	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP			ERS AND DIRECTORS IN Change	Addition	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD	RECTORS	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE			ERS AND DIRECTORS IN	I 10 Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618	RECTORS	Delete	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP			ERS AND DIRECTORS IN Change	Addition	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY	RECTORS	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			ERS AND DIRECTORS IN Change	Addition	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MILE MILE TITLE TITLE TITLE TITLE TITLE TITLE			ERS AND DIRECTORS IN Change	Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME			ERS AND DIRECTORS IN Change	Addition Addition	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MILE MILE TITLE TITLE TITLE TITLE TITLE TITLE			ERS AND DIRECTORS IN Change	Addition Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete	TILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP			ERS AND DIRECTORS IN Change	Addition Addition	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZEP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete Delete Delete	TITLE MAME STREET ADDRESS CITY-SI-ZIP			Change Change Change	Addition Addition Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete Delete Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS			Change Change Change	Addition Addition Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete Delete Delete Delete	TITLE MAME STREET ADDRESS CITY-SI-ZIP			Change Change Change	Addition Addition Addition Addition	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618 STD BOLES, KELLY 11318 CARROLLWOOD DR	RECTORS	Delete Delete Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS			Change Change Change	Addition Addition 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 gher like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IG OFFICER OR DIRECTOR