

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N04000002244</b>					
<b>1. Entity Name</b> ROLLING RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11318 CARROLLWOOD DR TAMPA, FL 33618			<b>Mailing Address</b> 11318 CARROLLWOOD DR TAMPA, FL 33618		
<b>2. Principal Place of Business</b> 11318 Carrollwood Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11318 Carrollwood Dr Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa FL 33618		<b>City &amp; State</b> Tampa FL 33618		<b>4. FEI Number</b> 33-1086337	
<b>Zip</b> 33618		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MEDRICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618			<b>7. Name and Address of New Registered Agent</b> Name: MEDICH, DAVID S. Street Address (P.O. Box Number is Not Acceptable): 11318 Carrollwood Dr City: TAMPA FL Zip Code: 33618		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD MORGAN, JACK 11318 CARROLLWOOD DR TAMPA, FL 33618	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	STD BOLES, KELLY 11318 CARROLLWOOD DR TAMPA, FL 33618	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>David S Medich</u> <u>1/6/06</u> <u>813932-3264</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					