2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002244

FILED Jan 27, 2007 Secretary of State

Entity Name: ROLLING RIDGE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11318 CARROLWOOD DR TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

11318 CARROLWOOD DR TAMPA, FL 33618

FEI Number: 33-1086337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEDICH, DAVID S 11318 CARROLLWOOD DR TAMPA, FL 33618 US

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.

SIGNATURE:

Flacture Company of Davidson d Asset

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 MEDICH, DAVID S
 Name:
 FRIMMEL, SUSAN

 Address:
 11318 CARROLLWOOD DR
 Address:
 32515 TIMBER HILL DR.

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 DADE CITY, FL 33523 US

Title: VD () Delete Title: VD (X) Change () Addition Name: MORGAN, JACK Name: MORGAN, JACK

Address: 11318 CARROLLWOOD DR Address: 32550 TIMBER HILL DR
City-St-Zip: TAMPA, FL 33618 City-St-Zip: DADE CITY, FL 33523 US

 $\label{eq:title:std} \textit{Title:} \qquad \textit{STD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{SD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 BOLES, KELLY
 Name:
 BOLES, KELLY

 Address:
 11318 CARROLLWOOD DR
 Address:
 32630 TIMBER HILL DR

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 DADE CITY, FL 33523 US

Title: () Delete Title: TD () Change (X) Addition

 Name:
 Name:
 RICHARD, TEELE

 Address:
 Address:
 32551 TIMBER HILL DR

 City-St-Zip:
 City-St-Zip:
 DADE CITY, FL 33523 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FRIMMEL PD 01/27/2007