

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002244

FILED
Jul 06, 2009
Secretary of State

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

Current Principal Place of Business:

11318 CARROLWOOD DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11318 CARROLWOOD DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 33-1086337 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRIMMEL, SUSAN
Address: 32515 TIMBER HILL DR.
City-St-Zip: DADE CITY, FL 33523 US

Title: VD () Delete
Name: MORGAN, JACK
Address: 32550 TIMBER HILL DR
City-St-Zip: DADE CITY, FL 33523 US

Title: SD () Delete
Name: BOLES, KELLY
Address: 32630 TIMBER HILL DR
City-St-Zip: DADE CITY, FL 33523 US

Title: TD () Delete
Name: RICHARD, TEELE
Address: 32551 TIMBER HILL DR
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEDICH, DAVID S
Address: 11318 CARROLLWOOD DR.
City-St-Zip: TAMPA, FL 33618 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DAVID, MEDICH S
Address: 11318 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID S. MEDICH

PD

07/06/2009

Electronic Signature of Signing Officer or Director

Date