

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2008 NOV 17 AM 11:33

FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004654		
1. Entity Name THE ROLLING OAKS DELAND ESTATES HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 115 N MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	Mailing Address 115 N MAITLAND AVE ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business - No P.O. Box # 1450 Shady Meadow Lane	3. Mailing Address 1450 Shady Meadow Lane		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State DeLand, FL	City & State DeLand, FL		
Zip 32724	Country USA	Zip 32724	Country USA

6. Name and Address of Current Registered Agent MURRAY, MICHAEL E 115 N MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Charles D. Hood, Jr. Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd., Suite 900
	City Daytona Beach FL Zip Code 32118

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 Charles D. Hood, Jr. DATE 10/20/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MURRAY, MICHAEL E 115 N MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Daryl Tol 1420 Shady Meadow Lane DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, BERRY J JR 1053 MAITLAND CENTER COMMONS BLVD 2ND FLOOR MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Susannah Pearson 1461 Shady Meadow Lane DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Pearson 1461 Shady Meadow Lane DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Carole Bloom 1450 Shady Meadow Lane DeLand, FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138014146 11/17/08-01070--017 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: Carole Bloom, Secretary Date 11/17/08 Daytime Phone # 386-740-0385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR