


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
2008 NOV 17 AM 11:33
TALLAHASSEE, FLORIDA

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| 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 | | |
| 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 | | 4. FEI Number 20-1379271 | |
| Zip 32724 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PSTD NAME MURRAY, MICHAEL E STREET ADDRESS 115 N MAITLAND AVE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME Daryl Tol STREET ADDRESS 1420 Shady Meadow Lane CITY-ST-ZIP DeLand, FL 32724 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME WALKER, BERRY J JR STREET ADDRESS 1053 MAITLAND CENTER COMMONS BLVD 2ND FLOO CITY-ST-ZIP MAITLAND, FL 32751 | <input checked="" type="checkbox"/> Delete | | TITLE V NAME Susannah Pearson STREET ADDRESS 1461 Shady Meadow Lane CITY-ST-ZIP DeLand, FL 32724 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE T NAME John Pearson STREET ADDRESS 1461 Shady Meadow Lane CITY-ST-ZIP DeLand, FL 32724 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE S NAME Carole Bloom STREET ADDRESS 1450 Shady Meadow Lane CITY-ST-ZIP DeLand, FL 32724 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 600138014146 11/17/08--01070--017 **\$61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <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 <i>Carole Bloom</i> 11/1/08 386740-0385 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |