2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N04000004654

Entity Name: THE ROLLING OAKS DELAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1450 SHADY MEADOW LANE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1450 SHADY MEADOW LANE
DELAND, FL 32724

New Mailing Address:

FEI Number: 20-1379271 **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:

HOOD, CHARLES D JR.
444 SEABREEZE BLVD.
SUITE 900
DAYTONA BEACH, FL 32118 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:	P	( ) Delete
Name:	TOL, DARYL	
Address:	1420 SHADY MEADOW LANE	
City-St-Zip:	DELAND, FL 32724	
Title:	V	( ) Delete
Name:	PEARSON, SUSANNAH	
Address:	1461 SHADY MEADOW LANE	
City-St-Zip:	DELAND, FL 32724	
Title:	T	( ) Delete
Name:	PEARSON, JOHN	
Address:	1461 SHADY MEADOW LANE	
City-St-Zip:	DELAND, FL 32224	
Title:	S	( ) Delete
Name:	BLOOM, CAROLE	
Address:	1450 SHADY MEADOW LANE	
City-St-Zip:	DELAND, FL 32724	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TRAVIS PERRY CPA 05/01/2009

Electronic Signature of Signing Officer or Director — Date