

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-28-2005 90240 037 ****61.25

DOCUMENT # N04000005405 1. Entity Name ROLLING HILLS PROPERTY OWNERS ASSOCIATION FOR TRACTS 1 THROUGH 11, INC.					
Principal Place of Business 420 LAKESHORE DRIVE MADISON, FL 32340			Mailing Address 420 LAKESHORE DRIVE MADISON, FL 32340		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2325886	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, JR., J.B. 420 LAKESHORE DRIVE MADISON, FL 32340				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUNDERS, LYNNE D ☐ Delete 420 LAKESHORE DRIVE MADISON, FL 32340				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, HENRY N ☐ Delete 420 LAKESHORE DRIVE MADISON, FL 32340				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, III, JAMES B ☐ Delete 420 LAKESHORE DRIVE MADISON, FL 32340				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JR., J.B. ☐ Delete 420 LAKESHORE DRIVE MADISON, FL 32340				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 2-22-05 850973 2215 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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