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Secretary of State
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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000672

1. Entity Name
ROLLING HILLS COMMERCIAL PARK PROPERTY OWNERS ASSOCIATION, INC.

660U3

Principal Place of Business	Mailing Address
~~C/O MATABYS~~ MORTGAGE CORP. P.O. BOX 3545 ST. AUGUSTINE, FL 32085	~~C/O MATABYS~~ MORTGAGE CORP. P.O. BOX 3545 ST. AUGUSTINE, FL 32085

03062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Matanzas	Matanzas
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4630298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTES, MOREAU P V 2309 PLANTATION LAKE DRIVE ST. AUGUSTINE, FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIMSDALE, JAMES E 4257 OAK LANE ST. AUGUSTINE, FL 32086	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ESTES, MOREAU P V PO BOX 3545 ST. AUGUSTINE, FL 32085	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMSDALE, JOHN E 279 PINE LANE ST. AUGUSTINE, FL 32086	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____ Director 3/8/06 904-826-4074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #