


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # N05000000672	
1. Entity Name ROLLING HILLS COMMERCIAL PARK PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business C/O MANTANZAS MORTGAGE CORP. P.O. BOX 3545 ST. AUGUSTINE, FL 32085	Mailing Address C/O MANTANZAS MORTGAGE CORP. P.O. BOX 3545 ST. AUGUSTINE, FL 32085
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01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4630298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ESTES, MOREAU P V
2309 PLANTATION LAKE DRIVE
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	DIMSDALE, JAMES E
NAME	4257 OAK LANE
STREET ADDRESS	ST. AUGUSTINE, FL 32086
CITY-ST-ZIP	
TITLE ST	ESTES, MOREAU P V
NAME	PO BOX 3545
STREET ADDRESS	ST. AUGUSTINE, FL 32085
CITY-ST-ZIP	
TITLE D	DIMSDALE, JOHN E
NAME	279 PINE LANE
STREET ADDRESS	ST. AUGUSTINE, FL 32086
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000636226
02/26/07-80008-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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; 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 904-826-4074
Date Daytime Phone #

Moreau P. Estes I