

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011535 1. Entity Name SUWANNEE ROLLING PINES HOMEOWNERS' ASSOCIATION INC.	
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Principal Place of Business 672 E. DUVAL ST. LAKE CITY, FL 32055	Mailing Address 672 E. DUVAL ST. LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8294163	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KHACHIGAN, MARTHA J 672 E. DUVAL ST. LAKE CITY, FL 32055
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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 _____ 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, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000730540 01/23/08-80037-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHACHIGAN, MARTHA JO 362 N.W. STREAMSIDE CT. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, AUDREY S 1826 S.W. SR. 47 LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, SUE D 421 S.W. HARMONY LANE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Sue D. Lane Sue D. Lane 1-16-08 386-752-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #