

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP -4 AM 10: 04

DOCUMENT # N07000009030

1. Entity Name
ROCKY HILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
3653 CAGNEY DRIVE
TALLAHASSEE, FL 32309

Mailing Address
3653 CAGNEY DRIVE
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #
2004 Setting Sun Trail
Suite, Apt. #, etc.

3. Mailing Address
2004 Setting Sun Trail
Suite, Apt. #, etc.

City & State
Tallahassee Florida
Zip
32303
Country
USA

City & State
Tallahassee Florida
Zip
32303
Country
USA

09042008 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAWS, SONYA K
2618 CENTENNIAL PL
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/4/08
DATE

Filing Fee is \$61.25
Due by September 12, 2008

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	PD	<input type="checkbox"/> Delete
NAME	HOLLIFIELD, RIC	
STREET ADDRESS	3653 CAGNEY DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEORGE, ROBERT	
STREET ADDRESS	1967 COMMONWEALTH LN	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLLIFIELD, JANICE	
STREET ADDRESS	3653 CAGNEY DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE ROBERT	
STREET ADDRESS	2004 Setting Sun Trail	
CITY-ST-ZIP	Tallahassee, Florida 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

9/4/08
Date

Daytime Phone #