2005-NOT-FOR-PROFIT-CORPORATION-ANNUAL REPORT (AR)

SIGNATURE

Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # N37869 1. Entity Name 03-21-2005 90104 012 ****61.25 ROLLINS POND ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3501 ROLLINS PONDWAY 3501 ROLLINS PONDWAY 50028689 SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address 3501 ROLLINS Suite, Apt. #, etc. BND 3501 ROLLINS Pono Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0261045 SARASOTA SARASOTA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34240 34240 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, RUTHMARY Street Address (P.O. Box Number is Not Acceptable) 3503 ROLLINS PONDWAY SARASOTA FL 34240 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) DATE \$41.140 TWEND X 90 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change ☐ Addition □ Delete WILLIAMS, RUTHMARY NAME NAME 3503 RLLINS PONDWAY 3503 ROLLINS POND $\omega A Y$ STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-ZIP VS. Delete ☼ Change ☐ Addition HIGGINS, DOUGLAS NAME **ROLLINS PONDWAY** STREET ADDRESS STREET ADDRESS 3506 ROLLINS DOND **WAY** SARASOTA FL 34240 CITY-ST-7IP CITY-ST-71P ☐ Delete X Change_ Addition_ TITLE TITLE DILLON, JANICE NAME NAME 3501 ROLLINS PONDWAY STREET ADDRESS STREET ADDRESS 3501 ROLLINS DOND M A M SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

JANICE M DILLON

FILED

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