

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90006 036 ****61.25

DOCUMENT # N37869

1. Entity Name

ROLLINS POND ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

3508
3501 ROLLINS PONDWAY
SARASOTA FL 34240
US

Mailing Address

3508
3501 ROLLINS PONDWAY
SARASOTA FL 34240
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0261045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, RUTHMARY
3503 ROLLINS PONDWAY
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name William C. Morgan, MD.

Street Address (P.O. Box Number is Not Acceptable)
3508 ROLLINS PONDWAY

City SARASOTA

FL

Zip Code 34240

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

Wm. C. Morgan, MD.
Signature, typed or printed name of registered agent and title if applicable.

Wm. C. Morgan, MD.
(NOTE: Registered Agent signature required when reinstating)

9/5/07
DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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 ☒ Delete
NAME WILLIAMS, RUTHMARY
STREET ADDRESS 3503 ROLLINS POND WAY
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete
NAME AMON, SUSAN
STREET ADDRESS 3504 ROLLINS POND WY
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☒ Delete
NAME DILLON, JANICE
STREET ADDRESS 3501 ROLLINS POND WAY
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☐ Delete
NAME PRESIDENT
NAME DOUGLASS HIGGINS
STREET ADDRESS 3506 ROLLINS POND WAY
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete
NAME TREASURER
NAME WILLIAM C. MORGAN, MD
STREET ADDRESS 3508 ROLLINS PONDWAY
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Wm. C. Morgan, MD.

9/5/07

941-371-2955