

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90484 010 ****61.25

DOCUMENT # N44944
 1. Entity Name
 ROLLING OAK ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 PO BOX 1154
 SORRENTO, FL 32776

Mailing Address
 PO BOX 1154
 SORRENTO, FL 32776

50017991



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02082006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 HUBBARD, ALEX R
 25027 ROLLING OAK RD.
 SORRENTO, FL 32776

7. Name and Address of New Registered Agent
 Name
 Pamela A. Brady
 Street Address (P.O. Box Number is Not Acceptable)
 25018 Rolling Oak Road
 City
 Sorrento FL Zip Code
 32776

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 *Pamela A. Brady* Pamela A. Brady DATE 4/24/06
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, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	V/D BOOKS, WAYNE 33029 WINDY OAKS ST SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, DR RON 25520 WINDY OAKS ST SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBBARD, ALEX 25027 ROLLING OAK RD. SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGH, PHYLLIS 24617 ROLLING OAK ROAD SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, LARRY PO BOX 777 SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, PAM 25018 ROLLING OAK RD SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sue Metzger 32727 Windy Oak Street Sorrento, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Pamela A. Brady 25018 Rolling Oak Road Sorrento, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cheri Pierce 24739 Rolling Oak Road Sorrento, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry Rose* LARRY ROSE DATE 4/24/06 352-735-1243
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #