2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N44944

Entity Name: ROLLING OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1154
SORRENTO, FL 32776

New Principal Place of Business:

25430 ROLLING OAK RD
SORRENTO, FL 32776

Current Mailing Address:

PO BOX 1154
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 59-3105606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADY, PAMELA A
25018 ROLLING OAK ROAD
SORRENTO, FL 32776 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	METZGER, SUE	
Address:	32727 WINDY OAK STREET	
City-St-Zip:	SORRENTO, FL 32776	
Title:	T	( ) Delete
Name:	BRADY, PAMELA A	
Address:	25018 ROLLING OAK ROAD	
City-St-Zip:	SORRENTO, FL 32776	
Title:	S	( ) Delete
Name:	PIERCE, CHERI	
Address:	24739 ROLLING OAK ROAD	
City-St-Zip:	SORRENTO, FL 32776	
Title:	P	( ) Delete
Name:	ROSE, LARRY	
Address:	25430 ROLLING OAK RD	
City-St-Zip:	SORRENTO, FL 32776	
Title:	V	( ) Delete
Name:	HOLMAN, RON	
Address:	25520 WINDY OAK ST	
City-St-Zip:	SORRENTO, FL 32776	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HOLMAN, RON	
Address:	25520 WINDY OAK ST	
City-St-Zip:	SORRENTO, FL 32776	
Title:	V	( ) Change (X) Addition
Name:	HURST, TRACY	
Address:	25150 ROLLING OAK ROAD	
City-St-Zip:	SORRENTO, FL 32776	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA BRADY T 04/28/2009

Electronic Signature of Signing Officer or Director — Date