

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49674

FILED
Feb 12, 2008
Secretary of State

Entity Name: BOLLING FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2909 W. STATE ROAD 434
SUITE 131
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2909 W. STATE ROAD 434
SUITE 131
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3152534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JEFFREY M. SCHROEDER, P.A.
2909 W. STATE ROAD 434
SUITE 131
LONGWOOD, FL 32779 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: P () Delete
Name: RAY, BOWEN
Address: 1436 CANAL POINT
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: MIKE, DINNEN
Address: 1924 CALADIUM PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: DAVE, SMITH
Address: 1432 CANAL POINT
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: HAROLD, LANDEY
Address: 1421 CANAL POINT
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: WILLIAM, GREEN
Address: 1921 CALADIUM PLACE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: STEVE, VACHON
Address: 1924 CALADIUM PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MIKE, DINNEN
Address: 1421 CANAL POINT
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM N. M. GREEN

T

02/12/2008

Electronic Signature of Signing Officer or Director

Date