2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N49674

Entity Name: BOLLING FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST ST RD 434, STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST ST RD 434, STE 5000
LONGWOOD, FL 327795044 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:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: STEVE, VACHON
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 (X) Delete
Name: MIKE, DINNEN
Address: 1421 CANAL POINT
City-St-Zip: LONGWOOD, FL 32750

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DINNEN, MIKE
Address: 1924 CALADIUM PL
City-St-Zip: LONGWOOD, FL 32750

Title: VPD (X) Change ( ) Addition
Name: VACHON, STEVE
Address: 1426 CANAL POINT RD
City-St-Zip: LONGWOOD, FL 32750

Title: TSD (X) Change ( ) Addition
Name: LANDEY, HAROLD
Address: 1421 CANAL POINT RD
City-St-Zip: LONGWOOD, FL 32750

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

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: MIKE DINNEN PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date