

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 028 ****61.25

DOCUMENT # N93000002043					
1. Entity Name ROLLING GREEN SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business DIANE HILLARD 2443 TWIN DR SARASOTA, FL 34234			Mailing Address E. GORDON NEAL 7168 DREWRY'S BLUFF BRADENTON, FL 34203		
2. Principal Place of Business		3. Mailing Address R.G.S. Suite, Apt. #, etc. P.O. Box 2447			
Suite, Apt. #, etc.		City & State Sarasota, FL			
City & State		Zip 34230		Country Sarasota	
Zip		Country		4. FEI Number 59-2263017	
Country		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLARD, DIANE 2443-TWIN DR SARASOTA, FL 34234			7. Name and Address of New Registered Agent Name <u>Kew Pro Kop - ProKop Stone, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3707 Radnor Pl.</u> City <u>Sarasota</u> , <u>FL</u> Zip Code <u>34232</u>		
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 <u>Ken Prokop Property Manager</u> <u>Kenneth J. Prokop</u> <u>4/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMING, DORIS 2441 TWIN DRIVE SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Leslie Torok 2445 Twin Dr. Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILLARD, DIANE 3443 TWIN DR SARASOTA, FL 34234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. DIANE Hillard 2443 TWIN DR Sarasota, FL 34234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ANITA 3485 TWIN DRIVE SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary Rider 2429 Twin Dr. Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. JANKOWSKI, JOSEPH 2481 TWIN DRIVE SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Lorraine Michael 2493 Twin Dr. Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDER, BRUCE 2445 TWIN DR SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. James Miller 2491 TWIN DR Sarasota, FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Diane Hillard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-17-06</u> <small>Date</small>		<u>941-924-1993</u> <small>Daytime Phone #</small>