2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N93000002043

Entity Name: ROLLING GREEN SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

DIANE HILLARD
2443 TWIN DR
SARASOTA, FL 34234

New Principal Place of Business:

2445 TWIN DR.
SARASOTA, FL 34234

Current Mailing Address:

RGS
POB 2447
SARASOTA, FL 34230

New Mailing Address:

RGS
3707 RADNOR PLACE
SARASOTA, FL 34232

FEI Number: 59-2263017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROKOP P.A.
3707 RADNOR PL
SARASOTA, FL 34232 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: TOROK, LESLIE
Address: 2445 TWIN DR
City-St-Zip: SARASOTA, FL 34234

Title: T ( ) Delete
Name: HILLARD, DIANE
Address: 2443 TWIN DR
City-St-Zip: SARASOTA, FL 34234

Title: S ( ) Delete
Name: MICHAEL, LORRAINE
Address: 2433 TWIN DR
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: MILLER, JAMES
Address: 2499 TWIN DR
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: SCHWARTZ, CATHY
Address: 2489 TWIN DR
City-St-Zip: SARASOTA, FL 34234

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: KENNETH D. PROKOP RA 01/09/2009

Electronic Signature of Signing Officer or Director — Date