

FILE NOW: FILING FEE IS \$61.25

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May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003264 (8)**

1. Corporation Name

ROLLING HILLS MASTER HOMEOWNERS ASSOCIATION, INC



Principal Place of Business 8117 BAHIA BLANCA STREET JACKSONVILLE FL 32256	Mailing Address 8117 BAHIA BLANCA STREET JACKSONVILLE FL 32256-7334
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2. Principal Place of Business 21 10010 Belle Rive Blvd Suite, Apt. #, etc. 22 #101 City & State 23 Jacksonville, Fla. Zip 24 32256		2a. Mailing Address 26 10010 Belle Rive Blvd Suite, Apt. #, etc. 27 #101 City & State 28 Jacksonville, Fla. Zip 29 32256		3. Date Incorporated or Qualified 06/30/1994		3a. Date of Last Report 03/19/1996	
				4. FEI Number 59-3263994		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DIX, RANDALL C SR. 8117 BAHIA BLANCA STREET JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent 81 Name Dix, Randall C Sr 82 Street Address (P.O. Box Number is Not Acceptable) 10010 Belle Rive Blvd #101 83 Jacksonville, Fla. 32256 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Randall C Dix Sr - D. Randall C Dix Sr* **5-20-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIX, RANDALL C SR. 8117 BAHIA BLANCA STREET JACKSONVILLE FL 32256 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D Dix, Randall C Sr. 10010 Belle Rive Blvd #101 Jacksonville, Fla. 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIBBS, VERNON 2333 COMMODORES CLUB BLVD ST. AUGUSTINE FL 32085 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D Cribbs, Vernon 3317 Woodbury Ct St. Augustine, Fla. 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRIBBS, JAMIE JO 2333 COMMODORES CLUB BLVD ST. AUGUSTINE FL 32085 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Cribbs, Jamie Jo 3317 Woodbury Ct St Augustine, Fla. 32086 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Randall C Dix Sr* **5-20-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Randall C Dix Sr Director** **914-641-1878**
Date Daytime Phone # 0006886

CR2E037 (9/96)