

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000903264

1. Entity Name

ROLLING HILLS MASTER HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

4000-B ST. JOHNS AVE.
SUITE 24
JACKSONVILLE, FL 32205 US

Mailing Address

4000-B ST. JOHNS AVE.
SUITE 24
JACKSONVILLE, FL 32205 US



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3263994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BERT C ESQ.
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE, FL 32207

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME WALTON, WILLIAM H JR.
STREET ADDRESS 4000-B ST. JOHNS AVE., STE. 24
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE D
NAME WALTON, ALONZO
STREET ADDRESS 4000-B ST. JOHNS AVE., STE. 24
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE DPS
NAME CRIBBS, VERNON
STREET ADDRESS 6410 US #1 NORTH
CITY-ST-ZIP ST. AUGUSTINE, FL 32095

TITLE VS
NAME WALTON, ELIZABETH S
STREET ADDRESS 4000-B ST. JOHNS AVE., SUITE 24
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000154037
05/04/04-80151-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. H. Walton, Jr. W. H. WALTON, JR. 4/29/04 904-381-4312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #