

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90398 012 ****61.25

DOCUMENT # N94000003264

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**

DO NOT WRITE IN THIS SPACE



02102005 No Chg-NP

CR2E037 (10/03)

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I 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 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/18/05
Date

704-388-2225
Daytime Phone #