

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



04272006 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE
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, 2006**

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

**U00000550334
05/13/06-80057-003 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #