

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000003264 1. Entity Name ROLLING HILLS MASTER HOMEOWNERS ASSOCIATION, INC.						FILED 07 OCT 25 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SIMON, BERT C ESQ. 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALTON, WILLIAM H JR. 4000-B ST. JOHNS AVE., STE. 24 JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500111358815 10/25/07--01041--004 ++\$1.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, ALONZO 4000-B ST. JOHNS AVE., STE. 24 JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 10/26 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CRIBBS, VERNON 6410 US #1 NORTH ST. AUGUSTINE, FL 32095	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WALTON, ELIZABETH S 4000-B ST. JOHNS AVE., SUITE 24 JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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: <u>W. H. Walton Jr.</u>				Date <u>10/23/07</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			