

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003264

FILED
Jan 28, 2012
Secretary of State

Entity Name: ROLLING HILLS MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

517 CHADWICK DR
ST AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 860013
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3263994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYWARD, PAUL P
517 CHADWICK DR
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HIGGINS, JOHN J
Address: 269 N. CHURCHILL DR
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: DVP
Name: HAYWARD, PAUL P
Address: 517 CHADWICK DR
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: T
Name: CURVEL, TOMMY M
Address: 137 N. CHURCHILL DR
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: S
Name: NAWROCKI, ROBERT
Address: 265 N. CHURCHILL DR
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: D
Name: PUTMAN, EMORY
Address: 512 CHADWICK DR
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D
Name: WARD, DAVID
Address: 301 CHURCHILL DR. S.
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL P. HAYWARD

DVP

01/28/2012

Electronic Signature of Signing Officer or Director

Date