


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90142 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N96000005983**

1. Corporation Name  
**ROLLING GREENS HOMEOWNERS ASSOCIATION OF OCALA, INC.**

Principal Place of Business  
 5907 CHERRY ROAD  
 OCALA FL 34472

Mailing Address  
 500 N MAITLAND AVE  
 STE 203  
 MAITLAND FL 32751  
 US

388997-90142-22



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		01/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3422483	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEE, JAY COLLING & 500 N MAITLAND AVE STE 203 MAITLAND FL 32751				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRELL, MEL			1.2 NAME	Bruckner, Virginia		
STREET ADDRESS	1203C W GLEN EAGLES RD			1.3 STREET ADDRESS	6000 Torrey Pines		
CITY-ST-ZIP	OCALA FL 34472			1.4 CITY-ST-ZIP	Ocala, Fl. 34472		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUCKNER, VIRGINIA			2.2 NAME	Chard, Nan		
STREET ADDRESS	6000 TORREY PINES DR			2.3 STREET ADDRESS	6398 Rolling Greens Dr		
CITY-ST-ZIP	OCALA FL 34472			2.4 CITY-ST-ZIP	Ocala, FL 34472		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYERS, ROGER			3.2 NAME	Meyers, Roger		
STREET ADDRESS	1719 INDIAN WELLS AVE			3.3 STREET ADDRESS	1719 Indian Wells Ave.		
CITY-ST-ZIP	OCALA FL 34472			3.4 CITY-ST-ZIP	Ocala, Fl. 34472		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED  
 DATE: 4/16/99 DAYTIME PHONE #: 352-624-1776

0014222  
 CR2E037 (11/98)