


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90024 035 ****61.25

DOCUMENT # N96000005983					
1. Entity Name ROLLING GREENS HOMEOWNERS ASSOCIATION OF OCALA, INC.					
Principal Place of Business 5907 CHERRY ROAD OCALA, FL 34472			Mailing Address 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3422483	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEE JAY COLLING & ASSOCIATES PA 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNDERLAND, WAYNE		NAME		
STREET ADDRESS	1905 SPYGLASS HILL DR.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRETT, JUNE		NAME	JOHNSON BOB	
STREET ADDRESS	6010 OAKMONT AVE.		STREET ADDRESS	6305 LA COSTA DR	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEILIG, CHERYL		NAME	KROPILAK LORETTA	
STREET ADDRESS	6607 B LAKEWOOD DR.		STREET ADDRESS	6399 ROLLING GREENS DR	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA FL 34472	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENTLEY, RUTH		NAME	ROSCHLAU CAROL	
STREET ADDRESS	100A EAST GLENEAGLES RD		STREET ADDRESS	1902 SPYGLASS HILL DR	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERTENS, ART		NAME	MCCORMICK CHUCK	
STREET ADDRESS	1732 INDIAN WELLS AVE.		STREET ADDRESS	6997F ARDMORE DR	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, MARY		NAME		
STREET ADDRESS	6206 LA COSTA DR		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP		
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: <i>Loretta Kropilak</i>			Date: 4/5/04 Daytime Phone #: 352-627-2838		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94047167



03182004 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: *Loretta Kropilak* Date: 4/5/04 Daytime Phone #: 352-627-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR