


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90246 044 ****61.25

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| DOCUMENT # N96000005983 | |  | |
| 1. Entity Name ROLLING GREENS HOMEOWNERS ASSOCIATION OF OCALA, INC. | | Principal Place of Business 5907 CHERRY ROAD OCALA, FL 34472 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | Mailing Address 682 MATTLAND AVENUE ALTAMONTE SPRINGS, FL 32701 US | |
| 3. Mailing Address Suite, Apt. #, etc. | | City & State | |
| City & State | | 4. FEI Number 59-3422483 | |
| Zip | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LEE JAY COLLING & ASSOCIATES PA 682 MATTLAND AVENUE ALTAMONTE SPRINGS, FL 32701 | | 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD SUNDERLAND, WAYNE 1905 SPYGLASS HILL DR. OCALA, FL 34472 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD) KREAS ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6308 B LAKEWOOD DR. OCALA, FL 34472 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, BOB 6305 LA COSTA DR. OCALA, FL 34472 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD) KROPILAK LORETTA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6399 ROLLING GREENS DR OCALA, FL 34472 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KROPILAK, LORETTA 6399 ROLLING GREENS DR. OCALA, FL 34472 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD) SCHOLTEN JACOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6899 E DONEGAL DR. OCALA, FL 34472 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROSCHLAN, CAROL 1902 SPYGLASS HILL DR. OCALA, FL 34472 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCCORMICK, CHUCK 6997 FARMORE DR. OCALA, FL 34472 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD) HARDER CARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 INDIAN WELLS AVE. OCALA FL 34472 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARKE, MARY 6206 LA COSTA DR OCALA, FL 34472 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D) MERRITT JUNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6010 OAKMONT AVE OCALA, FL 34472 |
| 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 the empowered. | | | |
| SIGNATURE: <i>Loretta Kropilak</i> | | Date: <i>4/22/05</i> 352-684-2838 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |