

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90443 041 ****61.25

DOCUMENT # N96000005983

1. Entity Name

ROLLING GREENS HOMEOWNERS ASSOCIATION OF OCALA, INC.



Principal Place of Business Mailing Address

**5907 CHERRY ROAD
 OCALA FL 34472**

**682 MAITLAND AVENUE
 ALTAMONTE SPRINGS FL 32701
 US**



2. Principal Place of Business 3. Mailing Address

~~PO Box 230993~~ ~~PO Box 230993~~

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

OCALA FL

Zip Country Zip Country

34472 32701 US US

4. FEI Number Applied For

59-3422483 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEE JAY COLLING & ASSOCIATES PA
 682 MAITLAND 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KREBS, ROBERT	
STREET ADDRESS	6308 B LAKEWOOD DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KROPILAK, LORETTA	
STREET ADDRESS	6399 ROLLING GREENS DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	FD	<input type="checkbox"/> Delete
NAME	SCHOLTEN, JACOB	
STREET ADDRESS	6899 C DONEGAL DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSCHLAN, CAROL	
STREET ADDRESS	1902 SPYGLASS HILL DR.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARDER, CARL	
STREET ADDRESS	1733 INDIAN WELLS AVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, JUNE	
STREET ADDRESS	6010 OAKMONT AVE	
CITY-ST-ZIP	OCALA FL 34472	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Loretta Kropilak* *LORETTA KROPILAK* *4-26-06* *352-1024-2298*