

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005983

FILED
Apr 26, 2007
Secretary of State

Entity Name: ROLLING GREENS HOMEOWNERS ASSOCIATION OF OCALA, INC.

Current Principal Place of Business:

5907 CHERRY ROAD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

POB 830393
OCALA, FL 34483 US

New Mailing Address:

FEI Number: 59-3422483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE JAY COLLING & ASSOCIATES PA
682 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 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: PD () Delete
Name: KREBS, ROBERT
Address: 6308 B LAKEWOOD DRIVE
City-St-Zip: OCALA, FL 34472

Title: PD () Delete
Name: KROPILAK, LORETTA
Address: 6399 ROLLING GREENS DRIVE
City-St-Zip: OCALA, FL 34472

Title: TD () Delete
Name: SCHOLTEN, JACOB
Address: 6899 C DONEGAL DRIVE
City-St-Zip: OCALA, FL 34472

Title: SD () Delete
Name: ROSCHLAN, CAROL
Address: 1902 SPYGLASS HILL DR.
City-St-Zip: OCALA, FL 34472

Title: VD () Delete
Name: HARDER, CARL
Address: 1733 INDIAN WELLS AVE
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: MERRITT, JUNE
Address: 6010 OAKMONT AVE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AGAMAITE, ROGER
Address: 1824 CYPRUS POINT RD
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACOB R SCHOLTEN

Electronic Signature of Signing Officer or Director

TREA

04/26/2007

Date