2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jul 19, 2005 08:00 AM DOCUMENT # N97000003672 1. Entity Name **Secretary of State** ROLLING OAKS LAND OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 21588 SW 106TH LANE RD 21588 SW 106 LANE RD **DUNNELLON FL 34431-6456 DUNNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-3516327 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, CONNIE S Street Address (P.O. Box Number is Not Acceptable) 21588 SW 106TH LANE RD **DUNNELLON FL 34431** City 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. $\Box$ Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete JII) F Change U00000373534 Addition YOUNG, GEORGE W NAME NAME 07/19/05-80002-013 61.25 21588 SW 106TH LANE RD STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34431-6456** CITY-ST-ZIP CILY-ST-ZIP TITLE Delete TITLE Change Addition STEELE, ELLIOTT NAME 19236 GULF BLVD APT 501 STREET ADDRESS STREET ADDRESS INDIAN SHORES FL 33785-2131 CITY-ST-ZIP CITY-ST-7IP Title ☐ Delete TITLE Change Addition YOUNG, CONNIE S NAME NAME DIRECT ADDRESS 21588 SW 106TH LANE RD SIREEL ADDRESS DUNNELLON FL 34431-6456 CITY-ST-7IP CITY-ST-ZIP une Delete TITLE Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP THILE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZIP BILE Delete ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY - 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)(f), Florida Statutes. (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED