2006 NOT-FOR-PROFIT CORPORATION

Jul 18, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N97000003672 07-18-2006 90084 001 ****61.25 ROLLING OAKS LAND OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 21588 SW 106TH LANE RD 21588 SW 106 LANE RD 40033700 **DUNNELLON, FL 34431-6456 DUNNELLON, FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-NP CR2E037 (4/06) City & State City & State 4. FEI Number Applied For 59-3516327 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, CONNIE \$ 21588 SW 106TH LANE RD Street Address (P.O. Box Number is Not Acceptable) **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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PΠ TITLE Delete TITLE ☐ Addition NAME YOUNG, GEORGE W NAME STREET ADDRESS 21588 SW 106TH LANE RD STREET ADDRESS CITY-ST-ZIP **DUNNELLON, FL 344316456** CITY-ST-ZIP TITLE X Delete TITLE ☐ Addition NAME STEELE, ELLIOTT NAME SMITH, BOBBI STREET ADDRESS 19236 GULF BLVD APT 501 STREET ADDRESS 21285 SW 106TH LANE RD INDIAN SHORES, FL 337852131 CITY-ST-ZIP CITY-ST-ZIP DUNNELLON, FL 34431-6453 STD Delete TITLE TITLE ☐ Change Addition YOUNG, CONNIE S NAME NAME STREET ADDRESS 21588 SW 106TH LANE RD STREET ADDRESS CITY-ST-ZIP **DUNNELLON, FL 344316456** COLY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TTLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

MAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HARE OF SIGNING OFFICER OR DIRECTOR	Dat	te	Daytime Phone #
	15,	2006	352/489-5153