


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000003672</b> 1. Entity Name ROLLING OAKS LAND OWNERS ASSOCIATION, INC.	
--	---



07112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3516327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  YOUNG, CONNIE S 21588 SW 106TH LANE RD DUNNELLON, FL 34431
---

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

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

U000000769387  
07/18/07-80005-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, GEORGE W 21588 SW 106TH LANE RD DUNNELLON, FL 344316456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, BOBBI 21285 SW 106TH LN RD DUNNELLON, FL 344316453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, CONNIE S 21588 SW 106TH LANE RD DUNNELLON, FL 344316456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** George W. Young 7-14-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 489-5153  
Daytime Phone #