2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # N97000003672 FILED ROLLING OAKS LAND OWNERS ASSOCIATION, INC. Jul 16, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 21588 SW 106TH LANE RD 21588 SW 106 LANE RD DUNNELLON, FL 34431-6456 DUNNELLON, FL 34431 07072008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3516327 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOUNG, CONNIE S DO NOT WRITE 21588 SW 106TH LANE RD DUNNELLON, FL 34431 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 П Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME YOUNG, GEORGE W STREET ADDRESS 21588 SW 106TH LANE RD CITY-ST-ZIP **DUNNELLON, FL 344316456** TITLE U00000955087 NAME SMITH, BOBBI 07/16/08-80002-012 61.25 STREET ADDRESS 21285 SW 106TH LN RD CITY-ST-ZIP **DUNNELLON, FL 344316453** TITLE STD NAME YOUNG, CONNIE S STREET ADDRESS 21588 SW 106TH LANE RD DO NOT WRITE CITY-ST-ZIP **DUNNELLON, FL 344316456** IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

(352)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED IN ASE OF SIGNING OFFICER OR DIRECTOR

Daylor Phone #