

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90103 025 \*\*\*\*61.25

0390515

**DOCUMENT # N97000003978**

1. Entity Name

**ROLLING HILLS PLANTATION HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8100 SW 36TH ST.  
 DAVIE FL 33328

C/O CDS MGMT & REAL ESTATE GROUP INC  
 PO BOX 17524  
 PLANTATION FL 33318-7524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0804076**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CDS MGMT & REAL ESTATE GROUP INC  
 300 SOUTH PINE ISLAND RD  
~~SUITE 212~~  
 PLANTATION FL 33324

Name: **CDS MGMT & REAL ESTATE GROUP INC.**  
 Street Address (P.O. Box Number is Not Acceptable): **300 South Pine Island Road**  
**Suite 238**  
 City: **Plantation** FL Zip Code: **33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/9/02**  
 DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DP**  Delete  
 NAME: **REITSMA, RONALD A**  
 STREET ADDRESS: **7227 CLINT MOORE RD.**  
 CITY-ST-ZIP: **BOCA RATON FL 33496**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **DVT**  Delete  
 NAME: **TERAZAWA, JOANNE**  
 STREET ADDRESS: **8100 SW 36TH ST.**  
 CITY-ST-ZIP: **DAVIE FL 33328**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE: **DS**  Delete  
 NAME: **MOYA, ALFONSO**  
 STREET ADDRESS: **3501 W. ROLLING HILLS CIR.**  
 CITY-ST-ZIP: **DAVIE FL 33328**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/07/2002**

CR2E037 (9/01)