## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # N97000003978 04-13-2006 90279 007 \*\*\*\*61.25 1. Entity Name ROLLING HILLS PLANTATION HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 12505 ORANGE DR, STE 906 12505 ORANGE DR. STE 906 C/O CENTURY MGMT SERVICES, INC. C/O CENTURY MGMT SERVICES, INC. **DAVIE, FL 33328 DAVIE, FL 33328** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Numbe Applied For 65-0804076 Not Applicable Zip Country Zip 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 POFFENBARGER, MARK 12505 ORANGE DR, STE 906 Street Address (P.O. Box Number is Not Acceptable) C/O CENTURY MGMT SERVICES, INC. **DAVIE, FL 33330** City Zip Code FI 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 Filing Fee is \$61.25 **\$5.00** May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete TITLE Addition NARDI, JAMES NAME NAME Ron Keitsma 3683 WLAKE Estates Dr 8500 S. LAKE FOREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition LICARI, JERRY NAME NAMÉ &343 N LAKE ESTATES Drive STREET ADDRESS 8107 N. SAVANNAH CIR STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** CITY-ST-ZIP SD TITLE ☐ Delete TITLE ---Change - Addition NAME POLIZZI, MITZI NAME STREET ADDRESS 8445 S LAKE FOREST DR STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FISHEL, PETER L. NAME NAME 8119 S. SAVANNAH CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME BELL, DOUG NAME STREET ADDRESS 3761 E. LAKE ESTATES DR STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33324 CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change CARTER, TOM

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 receives, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

8060 BERMUDA POINT LANE

**DAVIE, FL 33324** 

**FILED**