


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90071 033 ****61.25

DOCUMENT # N97000003978

1. Entity Name
 ROLLING HILLS PLANTATION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 12505 ORANGE DR, STE 906
 C/O CENTURY MGMT SERVICES, INC.
 DAVIE, FL 33328

Mailing Address
 12505 ORANGE DR, STE 906
 C/O CENTURY MGMT SERVICES, INC.
 DAVIE, FL 33328

40057546



2. Principal Place of Business - No P.O. Box #
 12233 SW 55th Street

3. Mailing Address
 12233 SW 55th Street

Suite, Apt. #, etc.
 Suite 811

Suite, Apt. #, etc.
 Suite 811

City & State
 Cooper City FL

City & State
 Cooper City FL

Zip
 33320

Country
 USA

Zip
 33320

Country
 USA

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0804076

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
 12505 ORANGE DR, STE 906
 C/O CENTURY MGMT SERVICES, INC.
 DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name Mark Poffenbarger

Street Address (P.O. Box Number is Not Acceptable)
 c/o Century Management Svcs Inc.

12233 SW 55th St., Suite 811

City Cooper City FL Zip Code 33320

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME NARDI, JAMES STREET ADDRESS 8500 S. LAKE FOREST DRIVE CITY-ST-ZIP DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete	TITLE Director NAME Don Martin STREET ADDRESS 8343 N. Lake Forest Dr. CITY-ST-ZIP Davie FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME LICARI, JERRY STREET ADDRESS 8107 N. SAVANNAH CIR CITY-ST-ZIP DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE Director NAME Judy Lang STREET ADDRESS 3701 E. Lake Estates Dr. CITY-ST-ZIP Davie, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME POLIZZI, MITZI STREET ADDRESS 8445 S LAKE FOREST DR CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME FISHEL, PETER STREET ADDRESS 8119 S. SAVANNAH CIR CITY-ST-ZIP DAVIE, FL 33324	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BELL, DOUG STREET ADDRESS 3761 E. LAKE ESTATES DR CITY-ST-ZIP DAVIE, FL 33324	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REITSMA, RON STREET ADDRESS 3683 W LAKE ESTATES DR CITY-ST-ZIP FORT LAUDERDALE, FL 33328	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter L. Fishel Date: 3/10/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR