

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90021 011 \*\*\*\*61.25

<b>DOCUMENT # N98000004783</b> 1. Entity Name ROLLING PINES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business RT. 1 BOX 1610 WHITE SPRINGS, FL 32096		Mailing Address RT. 1 BOX 1610 WHITE SPRINGS, FL 32096	
2. Principal Place of Business <i>1316 N.W. Sophie Dr.</i> Suite, Apt. #, etc.		3. Mailing Address <i>1316 N.W. Sophie Dr.</i> Suite, Apt. #, etc.	
City & State <i>White Springs FL.</i> Zip Country <i>32096 - Columbia</i>		City & State <i>White Springs FL.</i> Zip Country <i>32096 - Columbia</i>	
4. FEI Number 59-2597734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VINING, JAMES R RT. 1 BOX 1610 WHITE SPRINGS, FL 32036		7. Name and Address of New Registered Agent  Name <i>Vining, James R.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1316 N.W. Sophie Dr.</i>  City <i>White Springs</i> <i>FL</i> Zip Code <i>32096</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be</b> <b>Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINING, JAMES R RT. 1 BOX 1610 WHITE SPRINGS, FL 32096	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORBURN, PAT RT. BOX 1612 WHITE SPRINGS, FL 32096	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VINING, SHIRLEY RT. 1 BOX 1610 WINTER SPRINGS, FL 32096	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input 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 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.			
<b>SIGNATURE:</b> <i>James R. Vining President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/25/04</i> 386-397-2678 <small>Daytime Phone #</small>	