2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004783

1. Entity Name
ROLLING PINES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1316 NW SOPHIE DR WHITE SPRINGS, FL 32096	1316 NW SOPHIE DR WHITE SPRINGS, FL 32096

DO NOT WRITE IN THIS SPACE

03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2597734
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VINING, JAMES R
1316 NW SOPHIE DR
WHITE SPRINGS, FL 32096

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

U00000347353
04/30/05-80111-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VINING, JAMES R
STREET ADDRESS	1316 NW SOPHIE DR
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	VPD
NAME	CORBURN, PAT
STREET ADDRESS	1347 NW SOPHIE DR
CITY-ST-ZIP	WHITE SPRINGS, FL 32096
TITLE	STD
NAME	VINING, SHIRLEY
STREET ADDRESS	1316 NW SOPHIE DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bonnie D Vining
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #