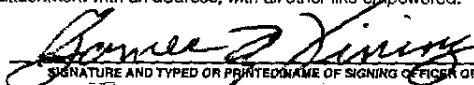


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N98000004783 1. Entity Name ROLLING PINES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1316 NW SOPHIE DR WHITE SPRINGS, FL 32096		Mailing Address 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		DO NOT WRITE IN THIS SPACE	
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			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000347353 04/30/05-80111-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINING, JAMES R 1316 NW SOPHIE DR WHITE SPRINGS, FL 32096	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORBURN, PAT 1347 NW SOPHIE DR WHITE SPRINGS, FL 32096		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VINING, SHIRLEY 1316 NW SOPHIE DR 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			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			