

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161953

FILED
Apr 27, 2006
Secretary of State

Entity Name: ROLLING PINES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

705 ASHLEY DRIVE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

7544 SOUTHLAKE PARKWAY
JONESBORO, GA 30236

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TAWFIK, GAMAL
705 ASHLEY DRIVE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAWFIK, GAMAL
Address: 7544 SOUTHLAKE PARKWAY
City-St-Zip: JONESBORO, GA 30236

Title: SEC () Delete
Name: TAWFIK, GALIL
Address: 7544 SOUTHLAKE PARKWAY
City-St-Zip: JONESBORO, GA 30236

Title: EX V () Delete
Name: BAZEMORE, LARRY L
Address: 7544 SOUTHLAKE PARKWAY
City-St-Zip: JONESBORO, GA 30236

Title: CFO () Delete
Name: HALL, MARK
Address: 7544 SOUTHLAKE PARKWAY
City-St-Zip: JONESBORO, GA 30236

Title: TRES () Delete
Name: TAWFIK, GALIL
Address: 7544 SOUTHLAKE PARKWAY
City-St-Zip: JONESBORO, GA 30236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAMAL TAWFIK

Electronic Signature of Signing Officer or Director

PRES

04/27/2006

_____ Date