

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720031

Entity Name: ROLLING GREEN GOLF VILLAGE ASSOCIATION, INC.**Current Principal Place of Business:**2591 GOLF COURSE DR.
SARASOTA, FL 34234**Current Mailing Address:**2591 GOLF COURSE DR.
SARASOTA, FL 34234**FEI Number: 59-1619412****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**POREDA, ELAINE SD
2540 GOLF COURSE DR
SARASOTA, FL 34234 US*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: ELAINE POREDA SECRETARY****03/30/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | P/D |
| Name | GRUNDSTROM, JOHN |
| Address | 2532 GOLF COURSE DRIVE |
| City-State-Zip: | SARASOTA FL 34234 |

| | |
|-----------------|----------------------|
| Title | D, DIRECTOR |
| Name | ERICKSON, MARK |
| Address | 2532 GOLF COURSE DR. |
| City-State-Zip: | SARASOTA FL 34234 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | BORDSON, WILLIAM |
| Address | 2720 GOLF COURSE DR |
| City-State-Zip: | SARASOTA FL 34234 |

| | |
|-----------------|---------------------|
| Title | SD |
| Name | POREDA, ELAINE |
| Address | 2540 GOLF COURSE DR |
| City-State-Zip: | SARASOTA FL 34234 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | BARDEN, PENNY |
| Address | 2568 GOLF COURSE DR |
| City-State-Zip: | SARASOTA FL 34234 |

| | |
|-----------------|----------------------|
| Title | VP/D |
| Name | FARRELL, DONALD |
| Address | 2478 GOLF COURSE DR. |
| City-State-Zip: | SARASOTA FL 34234 |

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE POREDA**SECRETARY****03/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date