## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005983

Entity Name: ROLLING GREENS HOMEOWNERS ASSOCIATION OF OCALA,

INC.

**Current Principal Place of Business:** 

1901 S.E.58TH AVENUE OCALA, FL 34472

**Current Mailing Address:** 

1901 E SILVER SPRINGS BLVD #1065 OCALA, FL 34470 US

FEI Number: 59-3422483 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORISON, GAIL 1502-B W. GLENEAGLES ROAD OCALA, FL 34472 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: GAIL MORISON 02/27/2023

Electronic Signature of Registered Agent

Date

**FILED** Feb 27, 2023

**Secretary of State** 

0078045255CC

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** 

Name LEACH, SANDIE Name MARCELLO, CYNTHIA Address 6899-A HOLYOKE COURT Address 6083 LA COSTA DRIVE City-State-Zip: OCALA FL 34472 City-State-Zip: OCALA FL 34472

Title 2ND VICE PRESIDENT Title AREA 1 DIRECTOR

CRITES, JUDY Name NICOL, RICHARD Name

Address 6969 CHERRY PASS Address 1200-A W GLENEAGLES RD

City-State-Zip: OCALA FL 34472 City-State-Zip: OCALA FL 34472

Title 1ST VICE PRESIDENT Title AREA 4 DIRECTOR

Name WEHRLE, MIKE Name FRESQUEZ, TERESA

Address 6606-E LAKEWOOD DRIVE 1905 PEBBLE BEACH ROAD Address

City-State-Zip: OCALA FL 34472 City-State-Zip: OCALA FL 34472

Title AREA 2 DIRECTOR Title **SECRETARY** 

Name MOORE, KATHY WIECKERT, DIANNE Name

Address 1003-C W GLENEAGLES ROAD 2355 PEBBLE BEACH RD Address

> City-State-Zip: OCALA FL 24472

City-State-Zip: OCALA FL 34472

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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: DIANNE WIECKERT

**SECRETARY** 

02/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title AREA 3 DIRECTOR

Name SAMES-HOBBS, ALICE

Address 6891-B DONEGAL DRIVE

City-State-Zip: OCALA FL 34472