

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

P. ,O. BOX 831896
OCALA, FL 34483 US

FEI Number: 59-3422483

Certificate of Status Desired: No

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

12/15/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WIECKERT, DIANNE
Address 2355 PEBBLE BEACH ROAD 1-A
City-State-Zip: Ocala FL 34472

Title TREASURER
Name MICHAEL, WEHRLE
Address 6606E LAKEWOOD DR.
City-State-Zip: Ocala FL 34472

Title AREA 1 DIRECTOR
Name MASTERS, TIM
Address 7075 CHERRY PASS RD.
City-State-Zip: Ocala FL 34472

Title 2ND VICE PRESIDENT
Name SCOTT, RICK
Address 6897FDONEGAL DR.
City-State-Zip: Ocala FL 34472

Title AREA 4 DIRECTOR
Name WROBLEWSKI, ROBERT
Address 1721 INDIAN WELLS AVE
City-State-Zip: Ocala FL 34472

Title 1ST VICE PRESIDENT
Name WEHRLE, MIKE
Address 6606-E LAKEWOOD DRIVE
City-State-Zip: Ocala FL 34472

Title SECRETARY
Name CRITES, JUDITH
Address 1200A WEST GLENEAGLES RD
City-State-Zip: Ocala FL 34472

Title AREA 2 DIRECTOR
Name MOORE, KATHY
Address 1003-C W GLENEAGLES ROAD
City-State-Zip: Ocala FL 24472

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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: JUDITH CRITES

SECRETARY

12/15/2023

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