

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748381 (1)
1. Corporation Name
ROBINHOOD VILLAS I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
520-C GAMEWELL AVENUE 520-C GAMEWELL AVENUE
P.O. BOX 8276 P.O. BOX 8276
MAITLAND FL 32751 MAITLAND FL 32751

3. Date Incorporated or Qualified 08/07/1979 3a. Date of Last Report 06/30/1995
4. FEI Number 59-2677548 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROLLINS, ALBERT
600 B ROBINHOOD CT
MAITLAND FL 32751
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
TITLE PD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME FIELDS, TONI Y. 1.2 NAME
STREET ADDRESS 600 C ROBINHOOD CT 1.3 STREET ADDRESS
CITY-ST-ZIP MAITLAND, FL 00000 1.4 CITY-ST-ZIP
TITLE VD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME ROLLINS, ALBERT A. 2.2 NAME
STREET ADDRESS 600 B ROBINHOOD CT 2.3 STREET ADDRESS
CITY-ST-ZIP MAITLAND FL 2.4 CITY-ST-ZIP
TITLE SD ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME GILES, SHASTA 3.2 NAME
STREET ADDRESS 520A GAMEWELL 3.3 STREET ADDRESS
CITY-ST-ZIP MAITLAND FL 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96 407-331-5522
Date Daytime Phone #

CR2E037 (12/95)