2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91231 005 ****61.25

DOCUMENT # 748381

1. Entity Name
ROBINHOOD VILLAS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O OFFICE SUPPORT SYSTEMS 753 SOUTH RANGER BLVD WINTER PARK, FL 32792-4527 US	C/O OFFICE SUPPORT SYSTEMS P.O. BOX 5717 WINTER PARK, FL 32793-5717 US

02012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2677548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRARA, WILLIAM G 753 SOUTH RANGER BLVD WINTER PARK, FL 32792-4527	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FRAILEY, OLIVIA 520-B GAMEWELL AVE MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUNDERMAN, OLIVIA FRAILEY 2527 MOHAWK TRAIL MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY, TERRI 520-B GAMEWELL AVE MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD 520-C GAMEWELL AVE.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLE, LYNNE J 520 D GAMEWELL AVE MAITLAND, FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIELDS, TONI 600-C ROBINHOOD DR MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ GILES, BILLY 520-A GAMEWELL AVE MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BALMER, SHIRLEY ~~6598 MICHELLE AVE~~ ~~ORLANDO, FL 328103633~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 600-B ROBINHOOD DR. MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ TERRY GRAY 4/30/2004 407-678-6085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #