2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748381

FILED Apr 25, 2008 Secretary of State

Entity Name: ROBINHOOD VILLAS I CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O OSS ASSOCIATION MANAGEMENT, INC. 753 SOUTH RANGER BLVD WINTER PARK, FL 327924527 US **Current Mailing Address: New Mailing Address:** C/O OSS ASSOCIATION MANAGEMENT, INC. P.O. BOX 5717 WINTER PARK, FL 327935717 US FEI Number: 59-2677548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERRARA, WILLIAM G C/O OSS ASSOCIATION MANAGEMENT. INC. 753 SOUTH RANGER BOULEVARD WINTER PARK, FL 327924527 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FIELDS, TONI Name: Name: 600-C ROBINHOOD DRIVE Address: Address: City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: Title: STD () Delete Title: (X) Change () Addition Name: JORDAN, SHIRLEY BALMER Name: ALBERT, CHRISTEN M Address: 405 ABBEYWOOD LANE Address: 600 B ROBINHOOD DRIVE City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: MAITLAND, FL 32751 US Title: () Delete Title: () Change (X) Addition ESCOFFERY, SABRINA Name: Name: 600 A ROBINHOOD DRIVE Address: Address: City-St-Zip: City-St-Zip: MAITLAND, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TONI FIELDS PD 04/25/2008