SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 752595 (9)

1. Corporation Name
ROBERTSON GROUP HOME, INC.

Principal Place of Business	Mailing Address
5545 AVENIDA PESCADORA FT MYERS BCH FL 33931-4211	5545 AVENIDA PESCADORA FT MYERS BCH FL 33931-4211

3. Date Incorporated or Qualified: 05/23/1980
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business
21 1918 PASSAIC AVE
Suite, Apt. #, etc.
22 APT 2
City & State
23 FORT MYERS FLA
Zip 24 33901 Country 25 LEE

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2004799 ☐ 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

9. Name and Address of Current Registered Agent

ROBERTSON, MARY E.
5545 AVENIDA PESCADORA
FT. MYERS BEACH FL 33931

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HADAWANITZ, PATRICIA		1.2 NAME	PATRICIA HADAWANITZ	
STREET ADDRESS	1668 MANY RD.		1.3 STREET ADDRESS	5545 AVENIDA PESCADORA	
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST-ZIP	FORT MYERS BCH FL 33931	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTSON, MARY E		2.2 NAME	MARY E ROBERTSON	
STREET ADDRESS	1668 MANY RD.		2.3 STREET ADDRESS	5545 AVENIDA PESCADORA	
CITY-ST-ZIP	N. FT. MYERS FL		2.4 CITY-ST-ZIP	FORT MYERS BCH FL 33931	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROBERTSON, SUSAN L		3.2 NAME	MARY L. JEHS	
STREET ADDRESS	1668 MANY RD.		3.3 STREET ADDRESS	854 SANTA MARIA CT	
CITY-ST-ZIP	N. FT. MYERS FL		3.4 CITY-ST-ZIP	NAPERVILLE, ILL 60540	
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		

CR2E037 (3/96)

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, or on an attachment with an address.

SIGNATURE: Mary E Robertson JUNE 6 1996 9412780105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY E ROBERTSON