

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

30 MAR 13 AM 11:33

CITY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003007 (1)**

1. Corporation Name

ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

30 S SPRING ST
PENSACOLA FL 32501

PO DRAWER 1271
PENSACOLA FL 32596

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1994

3a. Date of Last Report

4. FEI Number

59-3243027

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 **PO Box 12412**

22 City & State

27 **Pensacola, FL**

23 Zip

Country

28 **32582**

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RICHARD R
30 S SPRING ST
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

31 W. Garden St., Ste 101

83 City

Pensacola

85 **FL**

86 **32582**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (as applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP**
NAME: **GILMORE, W DAN**
STREET ADDRESS: **2142 WINDMERE CIR**
CITY-ST-ZIP: **PENSACOLA FL 32503**

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **DST**
NAME: **BAKER, RICHARD R**
STREET ADDRESS: **30 S SPRING ST**
CITY-ST-ZIP: **PENSACOLA FL 32501**

2.1 TITLE: Change Addition
2.2 NAME: **200001429662**
2.3 STREET ADDRESS: **-03/15/95-01022-012**
2.4 CITY-ST-ZIP: *****130.00 ***130.00**

TITLE: **D**
NAME: **ROGERS, MILTON**
STREET ADDRESS: **400 HWY 90 SUITE C**
CITY-ST-ZIP: **PACE FL 32571**

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard R Baker* *Richard R Baker* *2/11/95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LW 3/13/95 *904-434-5330*