

**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 # **N94000003007 (1)**

1. Corporation Name  
**ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 11421, PENSACOLA FL 32524-1421  
Mailing Address: P.O. BOX 12412, PENSACOLA FL 32582

3. Date Incorporated or Qualified: **05/18/1994**  
3a. Date of Last Report: **03/13/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	PO Box 11421	4. FEI Number	59-3243027	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	Pensacola FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
			29	32524-1421	30	Escambia		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAKER, RICHARD R 31 W. GARDEN STREET SUITE 101 PENSACOLA FL 32582				81	Name	Cook, Noble	
				82	Street Address (P.O. Box Number is Not Acceptable)	109 Redbreast Lane	
				83		300001746949	
				84	City	Pensacola FL	32503

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: Noble Cook (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, W DAN		1.2 NAME	Sladky, Tricia	
STREET ADDRESS	2142 WINDMERE CIR		1.3 STREET ADDRESS	6035 Songbird Drive	
CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CITY-ST-ZIP	Pensacola FL 32503	
TITLE	DST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD R		2.2 NAME	Squire, Donald	
STREET ADDRESS	30 S SPRING ST		2.3 STREET ADDRESS	136 Redbreast Lane	
CITY-ST-ZIP	PENSACOLA FL 32501		2.4 CITY-ST-ZIP	Pensacola FL 32503	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MILTON		3.2 NAME	Hoppe, Iris	
STREET ADDRESS	400 HWY 90 SUITE C		3.3 STREET ADDRESS	113 Redbreast Lane	
CITY-ST-ZIP	PACE FL 32571		3.4 CITY-ST-ZIP	Pensacola FL 32503	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	Cook, Noble	
STREET ADDRESS			4.3 STREET ADDRESS	109 Redbreast Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pensacola FL 32503	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	Hoppe, William	
STREET ADDRESS			5.3 STREET ADDRESS	113 Redbreast Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Pensacola FL 32503	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	Frye, Brenda	
STREET ADDRESS			6.3 STREET ADDRESS	6024 Songbird Drive	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Pensacola FL 32503	

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: NOBLE COOK (NOTE: Registered Agent signature required when reinstating) DATE: 1/29/96 (904) 857-1427

CR2E037 (12/95)

*Handwritten signature and date: 1/29/96*