

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N94000003007 (1)**  
1. Corporation Name  
**ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 11421<br/>PENSACOLA FL 32524-1421</b> | Mailing Address<br><b>P.O. BOX 11421<br/>PENSACOLA FL 32524-1421</b> |
|--|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/18/1994</b> | 3a. Date of Last Report<br><b>03/17/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |   |
|--|---|
| 4. FEI Number<br><b>59-3243027</b>   | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | <b>\$8.75 Additional Fee Required</b>   |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                            | <b>\$5.00 May Be Added to Fees</b>  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

9. Name and Address of Current Registered Agent  
**COOK, NOBLE  
109 REDBREAST LANE  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent  
81 Name **Greenwood, Thomas M.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6055 Songbird Dr.**  
83  
84 City **Pensacola** FL 85 Zip Code **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 **Thomas M. Greenwood** *Thomas M. Greenwood* **2-15-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>SLADKY, TRICIA</b>                               | 1.2 NAME  | <b>Dyer, Joann</b>   |
| STREET ADDRESS             | <b>6035 SONGBIRD DRIVE</b>                          | 1.3 STREET ADDRESS                                    | <b>6059 Songbird Dr.</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503</b>                           | 1.4 CITY-ST-ZIP                                       | <b>Pensacola, Fl. 32503</b>  |
| TITLE                      | <b>V</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SQUIRE, DONALD</b>                               | 2.2 NAME  | <b>Bell, Leroy</b>   |
| STREET ADDRESS             | <b>136 REDBREAST LANE</b>                           | 2.3 STREET ADDRESS                                    | <b>125 Redbreast Lane</b>  |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503</b>                           | 2.4 CITY-ST-ZIP                                       | <b>Pensacola, Fl. 32503</b>  |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>HOPPE, IRIS</b>                                  | 3.2 NAME  | <b>Seelmann, Sarah</b>   |
| STREET ADDRESS             | <b>113 REDBREAST LANE</b>                           | 3.3 STREET ADDRESS                                    | <b>114 Redbreast Lane</b>  |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503</b>                           | 3.4 CITY-ST-ZIP                                       | <b>Pensacola, Fl. 32503</b>  |
| TITLE                      | <b>T</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>COOK, NOBLE</b>                                  | 4.2 NAME  | <b>Thomas M. Greenwood</b>   |
| STREET ADDRESS             | <b>109 REDBREAST LANE</b>                           | 4.3 STREET ADDRESS                                    | <b>6055 Songbird Dr.</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503</b>                           | 4.4 CITY-ST-ZIP                                       | <b>Pensacola, Fl. 32503</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>HOPPE, WILLIAM</b>                               | 5.2 NAME  | <b>COULTER, Elizabeth</b>  |
| STREET ADDRESS             | <b>113 REDBREAST LANE</b>                           | 5.3 STREET ADDRESS                                    | <b>6060 Songbird Dr.</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503</b>                           | 5.4 CITY-ST-ZIP                                       | <b>Pensacola, Fl. 32503</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>FRYE, BRENDA</b>                                 | 6.2 NAME  | <b>DAVIS, ANDRE'</b>   |
| STREET ADDRESS             | <b>6024 SONGBIRD DRIVE</b>                          | 6.3 STREET ADDRESS                                    | <b>6020 Songbird Dr.</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503</b>                           | 6.4 CITY-ST-ZIP                                       | <b>Pensacola, Fl. 32503</b>  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Thomas M. Greenwood** *Thomas M. Greenwood* **2/15/97 (90) 484-6434**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078243

CR2E037 (9/96)