


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003007
 1. Entity Name
ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3243027 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 FUSSELL, DEBORAH M
 113 REDBREAST LANE
 PENSACOLA, FL 32503

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Deborah M. Fussell Deborah M. Fussell 4/19/04
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000126337
 04/23/04-80029-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DYER, JOANN 6059 SONGBIRD DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BELL, LEROY 125 REDBREAST LANE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SEELMAN, BILL 116 REDBREAST LANE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FUSSELL, DEBORAH M 113 REDBREAST LANE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Deborah M. Fussell Deborah M. Fussell 4/19/04 (850)469-6216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #