

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

*Amerended
REVISED
FILED*

06 JUN -8 PM 12:18



1st MOORE CR2E037 (10/05)

DOCUMENT # N94000003007			
1. Entity Name ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 11421 PENSACOLA FL 32524-1421		Mailing Address P.O. BOX 11421 PENSACOLA FL 32524-1421	
2. Principal Place of Business Suite. Apt. #, etc.		3. Mailing Address Suite. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3243027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, VICKI K 6020 SONGBIRD DR PENSACOLA FL 32503		7. Name and Address of New Registered Agent Name: Ronda Easley Street Address (P.O. Box Number is Not Acceptable): 120 Redbreast Ln City: Pensacola FL Zip Code: 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: *Ronda Easley* Ronda Easley DATE: 4.14.2006
Signature, typed or printed name of registered agent (if title is applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: PD	NAME: DYER, JOANN	<input checked="" type="checkbox"/> Delete	TITLE: PD	NAME: Jackson, Ben	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6059 SONGBIRD DR	CITY-ST-ZIP: PENSACOLA FL		STREET ADDRESS: 112 Redbreast Ln	CITY-ST-ZIP: Pensacola FL 32503	
TITLE: VPD	NAME: BELL, LEROY	<input checked="" type="checkbox"/> Delete	TITLE: VPD	NAME: James Willoughby	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 125 REDBREAST LANE	CITY-ST-ZIP: PENSACOLA FL		STREET ADDRESS: 6039 Songbird Dr	CITY-ST-ZIP: Pensacola FL 32503	
TITLE: SD	NAME: WHITEHEAD, MARY	<input checked="" type="checkbox"/> Delete	TITLE: SD	NAME: Sarah Seelmann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6024 SONGBIRD DR	CITY-ST-ZIP: PENSACOLA FL 32503		STREET ADDRESS: 116 Redbreast Ln	CITY-ST-ZIP: Pensacola FL 32503	
TITLE: TD	NAME: DAVIS, VICKI K	<input checked="" type="checkbox"/> Delete	TITLE: TD	NAME: Ronda Easley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6020 SONGBIRD DR	CITY-ST-ZIP: PENSACOLA FL 32503		STREET ADDRESS: 120 Redbreast Ln	CITY-ST-ZIP: Pensacola FL 32503	
TITLE: <i>25</i>	NAME: <i>9000788506</i>	<input type="checkbox"/> Delete	TITLE: <i>0</i>	NAME: Nicole Headington	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <i>06/20/06-01088-014</i>	CITY-ST-ZIP: <i>69058506</i>		STREET ADDRESS: 6000 Songbird Dr	CITY-ST-ZIP: Pensacola FL 32503	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE: <i>0</i>	NAME: David Kennedy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS: 6047 Songbird Dr	CITY-ST-ZIP: Pensacola FL 32503	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ronda Easley* Ronda Easley DATE: 4.14.06 850-484-4520
Signature and typed or printed name of signing officer or director Daytime Phone #