


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90115 006 \*\*\*\*61.25

**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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3243027**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FUSSELL, DEBORAH M**  
**113 REDBREAST LANE**  
**PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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      4/14/03  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DYER, JOANN	
STREET ADDRESS	6059 SONGBIRD DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BELL, LEROY	
STREET ADDRESS	125 REDBREAST LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEELMAN, BILL	
STREET ADDRESS	118 REDBREAST LANE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FUSSELL, DEBORAH M	
STREET ADDRESS	113 REDBREAST LANE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEINLE, BRENDA	
STREET ADDRESS	6004 SONGBIRD DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**      4/14/03      (850) 469-6216

CR2E037 (10/02)