FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:17

DOCUMENT # N14012 (1)

1. Corporation Name
ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8192 COLLEGE PKWY SUITE 52 FT MYERS FL 33919	C/O PO BOX 60132 FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1986
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2690272 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUA, FRANK J
8192 COLLEGE PKWY
SUITE 52
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Frank J. Rua, Agent 1-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☑ Change ☐ Addition
NAME	CAWLEY, JOHN	1.2 NAME	Cawley John	
STREET ADDRESS	11676 POINTE CR DR	1.3 STREET ADDRESS	11676 Pointe Cir Dr	
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP	Ft Myers Fl	
TITLE	~~VD~~	2.1 TITLE	S/T/D	☑ Change ☐ Addition
NAME	~~GREARD, JIM~~	2.2 NAME	Susan Holland	
STREET ADDRESS	~~11706 POINTE CIRCLE DR~~	2.3 STREET ADDRESS	11701 Pointe Cir Dr	
CITY-ST-ZIP	~~FT. MYERS FL 33908~~	2.4 CITY-ST-ZIP	Ft Myers, Fl	
TITLE	~~TD~~	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	~~PENCE, CLARENCE~~	3.2 NAME	Nick Kaunas	
STREET ADDRESS	~~11692 POINTE CR DR~~	3.3 STREET ADDRESS	11698 Pointe Cir Dr	
CITY-ST-ZIP	~~FT. MYERS FL 33908~~	3.4 CITY-ST-ZIP	Ft Myers, Fl	
TITLE	~~SD~~	4.1 TITLE	D	☑ Change ☐ Addition
NAME	ROSS, DARLA	4.2 NAME	Steve Bundy	
STREET ADDRESS	~~11689 POINTE CR DR~~	4.3 STREET ADDRESS	11696 Pointe Cir Dr	
CITY-ST-ZIP	~~FT MYERS FL 33908~~	4.4 CITY-ST-ZIP	Ft Myers, Fl	
TITLE	D	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	POELKER, ROBERT	5.2 NAME	Poelker, Robert T.	
STREET ADDRESS	11704 POINTE CR DR	5.3 STREET ADDRESS	11704 Pointe Cir Dr	
CITY-ST-ZIP	FT MYERS FL 33908	5.4 CITY-ST-ZIP	Ft Myers, Fl	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Robert T Poelker, Pres. 1/17/95 813-987-4423
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0060338