

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N14012 (1)

1. Corporation Name

ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9192 COLLEGE PKWY  
SUITE 52  
FT MYERS FL 33919

C/O PO BOX 60132  
FT MYERS FL 33906

3. Date Incorporated or Qualified  
03/25/1986

3a. Date of Last Report  
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

33907

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

Frank J. Rua

NOTE: Registered Agent signature required when reinstating.

DATE

1-30-96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
CRAWLEY, JOHN  
STREET ADDRESS  
11676 POINTE CIR DR  
CITY-ST-ZIP  
FT MYERS FL

TITLE ☐ DELETE

NAME  
STP  
HOLLAND, SUSAN  
STREET ADDRESS  
11701 POINTE CIR DR  
CITY-ST-ZIP  
FT MYERS FL

TITLE ☐ DELETE

NAME  
VPD  
KARRAS, NICK  
STREET ADDRESS  
11698 POINTE CIR DR.  
CITY-ST-ZIP  
FT. MYERS FL

TITLE ☐ DELETE

NAME  
D  
BRADY, STEVE  
STREET ADDRESS  
11698 POINTE CIR DR  
CITY-ST-ZIP  
FT MYERS FL

TITLE ☐ DELETE

NAME  
PD  
POELKER, ROBERT T.  
STREET ADDRESS  
11704 POINTE CIR DR  
CITY-ST-ZIP  
FT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

John Crawley

1-30-96 (941) 272-0566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)