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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33919C/O PO BOX 60132
FT MYERS FL 339063. Date Incorporated or Qualified
03/25/19863a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2690272Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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
2133 TREEHAVEN
SUITE 52
FT MYERS FL 33907

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 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

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 ~~DP~~ ☐ DELETE
NAME ~~CAWLEY, JOHN~~
STREET ADDRESS 11876 POINTE CIR DR
CITY-ST-ZIP FT MYERS FL1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Cawley John
1.3 STREET ADDRESS 11876 Pointe Cir Drive
1.4 CITY-ST-ZIP Ft Myers, FLTITLE STP ☐ DELETE
NAME HOLLAND, SUSAN
STREET ADDRESS 11701 POINTE CIR DR
CITY-ST-ZIP FT MYERS FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ~~VPD~~ ☒ DELETE
NAME ~~KARRAS, NICK~~
STREET ADDRESS ~~11898 POINTE CIR DR~~
CITY-ST-ZIP ~~FT MYERS FL~~3.1 TITLE President ☐ Change ☒ Addition
3.2 NAME George Eddy
3.3 STREET ADDRESS 11678 Point Cir Dr.
3.4 CITY-ST-ZIP Ft Myers, FLTITLE D ☐ DELETE
NAME BRADY, STEVE
STREET ADDRESS 11898 POINTE CIR DR
CITY-ST-ZIP FT MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ~~D~~ ☐ DELETE
NAME BELL, NANCY
STREET ADDRESS 11707 POINTE CIR DR
CITY-ST-ZIP FT MYERS FL5.1 TITLE Vice President ☒ Change ☐ Addition
5.2 NAME Bell Nancy
5.3 STREET ADDRESS 11707 Pointe Cir Dr
5.4 CITY-ST-ZIP Ft Myers FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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, changed, or on an attachment with an address.

SIGNATURE:

REQUIRED

3-4-97

CR2E037 (9/96)