

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14012** (1)
1. Corporation Name
ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 11707 POINTE CIRCLE DRIVE FT MYERS FL 33908	Mailing Address 11707 POINTE CIRCLE DRIVE FT MYERS FL 33908
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3. Date Incorporated or Qualified 03/25/1986	
4. FEI Number 59-2690272	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, NANCY L
11707 POINTE CIRCLE DRIVE
FT MYERS FL 33908**

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

TITLE	0 <input checked="" type="checkbox"/> DELETE
NAME	CAWLEY, JOHN
STREET ADDRESS	11676 POINTE CIR DR
CITY-ST-ZIP	FT MYERS FL
TITLE	STP <input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, SUSAN
STREET ADDRESS	11701 POINTE CIR DR
CITY-ST-ZIP	FT MYERS FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GEORGE EDDY
STREET ADDRESS	11676 POINT CIR DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	0 <input checked="" type="checkbox"/> DELETE
NAME	BRADY, STEVE
STREET ADDRESS	11696 POINTE CIR DR
CITY-ST-ZIP	FT MYERS FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BELL NANCY
STREET ADDRESS	11707 POINTE CIR DR
CITY-ST-ZIP	FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Cawley
1.3 STREET ADDRESS	11676 Pointe Cir Dr
1.4 CITY-ST-ZIP	Fort Myers, FL 33908
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ted Cole
3.3 STREET ADDRESS	11684 Pointe Cir Dr
3.4 CITY-ST-ZIP	Fort Myers, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karen Spencer
4.3 STREET ADDRESS	11694 Pointe Cir Dr
4.4 CITY-ST-ZIP	Fort Myers, FL 33908
5.1 TITLE	Pres D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nancy Bell
5.3 STREET ADDRESS	11707 Pointe Cir Dr
5.4 CITY-ST-ZIP	Fort Myers, FL 33908
6.1 TITLE	Director S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donn Mendell
6.3 STREET ADDRESS	11681 Pointe Cir Dr
6.4 CITY-ST-ZIP	Fort Myers, FL 33908

14. 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 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:

4-9/98

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