

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90120 016 ****61.25

DOCUMENT # N14012

1. Entity Name

ROBINS ROOST-HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11682 POINTE CIRCLE
FORT MYERS FL 33908

Mailing Address

P.O. BOX 08282
FORT MYERS FL 33908

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

59-2690272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, DAVID
11682 POINTE CIRCLE
FORT MYERS FL 33908

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

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

Due By May 1, 2005

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 ☐ Delete
NAME ADAMS, DAVID
STREET ADDRESS 11682 POINTE CR
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME BRADY, STEVEN
STREET ADDRESS 11696 POINTE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME SHUSTOCK, TED
STREET ADDRESS 11676 POINTE CR
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME GEARD, JAMES
STREET ADDRESS 11706 POINTE CR
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME John Whitman
STREET ADDRESS 11688 Pointe Cr
CITY-ST-ZIP Fort Myers FL 33908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James Geard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES GEARD, Sec

Date

Daytime Phone #

239 437 45 40