

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90035 009 \*\*\*\*61.25

<b>DOCUMENT # N14012</b> 1. Entity Name <b>ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>6700 WINKLER RD 2 FORT MYERS, FL 33919</b>		Mailing Address <b>6700 WINKLER RD 2 FORT MYERS, FL 33919</b>	
2. Principal Place of Business - No P.O. Box #  <b>Alliant Property Management, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919</b>		<b>02282007 Chg-NP CR2E037 (12/06)</b> 4. FEI Number <b>59-2690272</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALLIANT PROP. MGMT 6700 WINKLER RD 2 FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent  <b>Alliant Property Management, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919</b>	
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 <u><i>[Signature]</i></u> <b>VP Agent</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>3-7-07</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DAVID 11682 POINTE CR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D BRADY, STEVEN 11696 POINTE CIRCLE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPD Janel Wright 11703 Pointe Cir Fort Myers, FL 33908
P SHUSTOCK, TED 11676 POINTE CIR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Manford Staedtler 11705 Pointe Cir Fort Myers, FL 33908
ST WEBER, DON 11672 POINTE CIR FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D John Tonni 11687 Pointe Cir Fort Myers, FL 33908
D WHITMAN, JOHN 11688 POINTE CR FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	ST Roseann Alberkerio 11694 Pointe Cir Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD John Tonni 11687 Pointe Circle Fort Myers FL 33908
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Roseann K. Alberkerio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/12/07</u>	