2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90059 023 ****61.25

DOCUMENT # N14012

1. Entity Name
ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.

40041604

Principal Place of Business	Mailing Address
ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919	ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919

02252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919	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 Michael Strohm AGENT 3-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WRIGHT, JANET 11703 POINTE CIR FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAEDTLER, MANFORD 11705 POINTE CIR FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ted Shustock 11676 Pointe Circle Ft Myers, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONNI, JOHN 11687 POINTE CIR FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Don Weber 11672 Pointe Circle Ft Myers, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALBERTERIO, ROSEANN 11694 POINTE CIR FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Steve Brady 11696 Pointe Circle Ft Myers, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITMAN, JOHN 11688 POINTE CR FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Elizabeth Cox 11674 Pointe Circle Ft Myers, FL 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONNI, JOHN 11687 POINTE CIR FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Donald Weber 239-454-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #