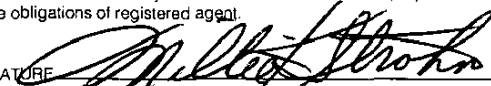
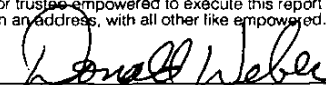


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919			Mailing Address ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919		
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		
6. Name and Address of Current Registered Agent ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-2690272	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE  AGENT Signature, typed or printed name of registered agent and title if applicable.				DATE 3-5-08 (NOTE: Registered Agent signature required when reinstating)	
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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ted Shustack 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		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		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		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		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: 			Date 239-454-1191		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40041604



02252008 Chg-NP CR2E037 (12/06)