## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14012

FILED Mar 28, 2012 Secretary of State

Entity Name: ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

New Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200

C/O ISLAND MANAGEMENT 711 TARPON BAY ROAD SANIBEL, FL 33957

C/O ISLAND MANAGEMENT

FORT MYERS, FL 33919

Current Mailing Address:

New Mailing Address:

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200

P O BOX 100

FORT MYERS, FL 33919

SANIBEL, FL 33957

FEI Number: 59-2690272

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200

MACKESY, STEVEN
C/O ISLAND MANAGEMENT
711 TARPON BAY ROAD
SANIBEL EL 33957 LIS

FORT MYERS, FL 33919 US

SANIBEL, FL 33957 US

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.

SIGNATURE: STEVEN MACKESY

03/28/2012

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

Title: VD

 Name:
 WRIGHT, JANET

 Address:
 429 CONDUITT DR

 City-St-Zip:
 MOORESVILLE, IN 46158

Title: TD

 Name:
 SHUSTOCK, TED

 Address:
 19 CLEMENS CT

 City-St-Zip:
 ROCKY HILL, CT 06067

Title: SD

 Name:
 BRADY, STEVE

 Address:
 11696 POINTE CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33908

Title:

 Name:
 COX, ELIZABETH

 Address:
 11674 POINTE CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33908

Title: PD

Name: RODRIGUES, LOU
Address: 835 SCONTICUT NK RD
City-St-Zip: FAIRHAVEN, MA 02719

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOU RODRIGUES

Electronic Signature of Signing Officer or Director

PD

03/28/2012