

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007599

**Entity Name:** ROBINSON HILLS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**13350 WEST COLONIAL DR  
SUITE 330  
WINTER GARDEN, FL 34787**Current Mailing Address:**PO BOX 783367  
WINTER GARDEN, FL 34778**FEI Number:** 59-3752194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MANAGEMENT  
13350 WEST COLONIAL DR  
SUITE 330  
WINTER GARDEN, FL 34787 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	SMITH, OREN
Address	P.O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	VPD
Name	BROWN, KEITH
Address	P.O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	TD
Name	KISSOON, KAREN
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SGT AT ARMS
Name	JAMES, KENNETH
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	WHITMORE, RHONDA
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	WHITMORE, RHONDA
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

*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:** OREN SMITH**PRESIDENT****04/15/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date