

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009527

**FILED  
Apr 20, 2016  
Secretary of State  
CC2666489246**

**Entity Name:** ROBINS RIDGE 1ST ADDITION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 BAYOU BLVD STE 35  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD STE 35  
PENSACOLA, FL 32503

**FEI Number: 20-8232632**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LONGWELL, TINA  
4400 BAYOU BLVD STE 35  
PENSACOLA, FL 32503 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	DP	Title	VP
Name	HEATH, SAM	Name	GILMORE, LONNIE
Address	6342 PARAKEET TRAIL	Address	421 TREE SWALLOW DR SUITE 35
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	D/VP	Title	SECRETARY
Name	SHARE, BECKIE	Name	GRIFFIN, EARL
Address	140 SISKIN LN SUITE 35	Address	399 TREE SWALLOW
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
Title	DIRECTOR		
Name	REEVES, CARL		
Address	6329 PARAKEET TR		
City-State-Zip:	PENSACOLA FL 32503		

*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: SAM HEATH**

**DP**

**04/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date