

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14012

**Entity Name:** ROBINS ROOST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O TROPICAL ISLES MGMT  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907**Current Mailing Address:**C/O TROPICAL ISLES MGMT  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907 US**FEI Number:** 59-2690272**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TROPICAL ISLES MANAGEMENT  
C/O TROPICAL ISLES MGMT  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS, FL 33907 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:** TROPICAL ISLES MNGMT

01/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALDEN, WAYNE  
Address        C/O TROPICAL ISLES MGMT  
                  12734 KENWOOD LANE, SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            VICE PRESIDENT  
Name            ABRAMSON, MARK  
Address        C/O TROPICAL ISLES MGMT  
                  12734 KENWOOD LANE, SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            SECRETARY  
Name            CROMMILLER, MARTI  
Address        C/O TROPICAL ISLES MGMT  
                  12734 KENWOOD LANE, SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            TREASURER  
Name            WEEG, KERI  
Address        C/O TROPICAL ISLES MGMT  
                  12734 KENWOOD LANE, SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            DIRECTOR  
Name            GLADWISH, NANCY  
Address        C/O TROPICAL ISLES MGMT  
                  12734 KENWOOD LANE, SUITE 49  
City-State-Zip: FORT MYERS FL 33907

*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:** WAYNE WALDEN

PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date