

2019 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, STE 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

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GLADWISH, NANCY
Address 12734 KENWOOD LANE, STE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name GARCIA, ERICA
Address 12734 KENWOOD LANE, STE 49
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name GRASHORN, CONNIE
Address TROPICAL ISLES MGMT
 12734 KENWOOD LANE, STE 49
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT
Name CROMMILLER, MARTI
Address 12734 KENWOOD LANE, STE 49
City-State-Zip: FORT MYERS FL 33907

Title VP
Name WALDON, WAYNE
Address 12734 KENWOOD LANE, STE 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: MARTI CROMMILLER

PRESIDENT

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date