

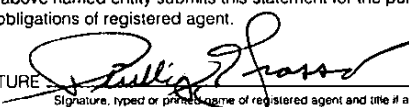
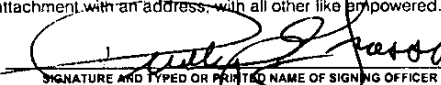


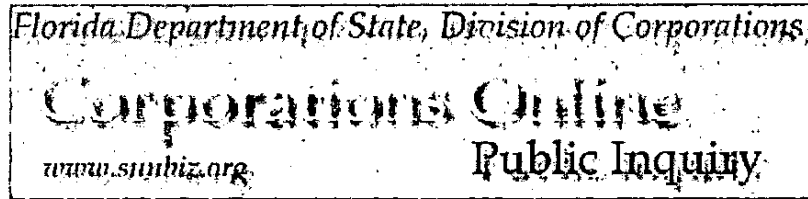
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90226 028 ****70.00

DOCUMENT # 726751 1. Entity Name ROBIN HILL HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 221 WHIPPOORWILL LN ALTAMONTE SPRINGS, FL 32701 US				Mailing Address 221 WHIPPOORWILL LN ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03212006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2951749	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PINSON, BRAD 221 WHIPPOORWILL LN ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name Phillip Grasso Street Address (P.O. Box Number is Not Acceptable) 142 Meadowlark Dr. City Altamonte Springs FL Zip Code 32701		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			Phillip Grasso		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINSON, BRAD 221 WHIPPOORWILL LN ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Phillip Grasso 142 meadowlark Dr. Altamonte Springs, FL 32701
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, AMY 111 MEADOWLARK DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, SCOTT 111 MEADOWLARK DRIVE ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EPPS, KATHY 144 PEACOCK DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EPPS, DON 144 PEACOCK DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT NORTON, DAVE 302 ROBIN HILL DR ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

40081997



Florida Non Profit

ROBIN HILL HOME OWNERS ASSOCIATION, INC.

PRINCIPAL ADDRESS

221 WHIPPOORWILL LN
ALTAMONTE SPRINGS FL 32701 US
Changed 02/14/1995

MAILING ADDRESS

221 WHIPPOORWILL LN
ALTAMONTE SPRINGS FL 32701
Changed 05/01/1994

Document Number

726751

FEI Number

592951749

Date Filed

06/20/1973

State

FL

Status

ACTIVE

Effective Date

NONE

Registered Agent

Name & Address
PINSON, BRAD 221 WHIPPOORWILL LN ALTAMONTE SPRINGS FL 32701
Name Changed: 05/01/1994
Address Changed: 05/01/1994

Officer/Director Detail

Name & Address	Title
PINSON, BRAD 221 WHIPPOORWILL LN ALTAMONTE SPRINGS FL 32701	TD
LONG, AMY 111 MEADOWLARK DR ALTAMONTE SPRINGS FL 32701	SD
LONG, SCOTT 111 MEADOWLARK DRIVE	

ATTACHMENT

#726751

40081997 Page 2 of 2

ALTAMONTE SPRINGS FL 32701	PD
EPPS, KATHY 144 PEACOCK DR ALTAMONTE SPRINGS FL 32701	T
EPPS, DON 144 PEACOCK DR ALTAMONTE SPRINGS FL 32701	TD
NORTON, DAVE 302 ROBIN HILL DR ALTAMONTE SPRINGS FL 32701	VPDT

Annual Reports

Report Year	Filed Date
2003	03/17/2003
2004	04/16/2004
2005	04/01/2005

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events

No Name History Information

Document Images

Listed below are the images available for this filing.

[04/01/2005 -- ANN REP/UNIFORM BUS REP](#)
[04/16/2004 -- ANN REP/UNIFORM BUS REP](#)
[03/17/2003 -- ANN REP/UNIFORM BUS REP](#)
[05/01/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[05/04/2001 -- ANN REP/UNIFORM BUS REP](#)
[02/10/2000 -- ANN REP/UNIFORM BUS REP](#)
[05/07/1999 -- ANNUAL REPORT](#)
[02/13/1998 -- ANNUAL REPORT](#)
[02/14/1997 -- ANNUAL REPORT](#)
[03/26/1996 -- 1996 ANNUAL REPORT](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)