

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 726751

FILED
Sep 19, 2007
Secretary of State

Entity Name: ROBIN HILL HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

221 WHIPPOORWILL LN
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

142 MEADOWLARK DR.
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

221 WHIPPOORWILL LN
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

142 MEADOWLARK DR.
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-2951749 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRASSO, PHILLIP
142 MEADOWLARK DR
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: PHILLIP GRASSO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GRASSO, PHILLIP
Address: 142 MEADOWLARK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: LONG, AMY
Address: 111 MEADOWLARK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: LONG, SCOTT
Address: 111 MEADOWLARK DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T () Delete
Name: EPPS, KATHY
Address: 144 PEACOCK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: EPPS, DON
Address: 144 PEACOCK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPDT () Delete
Name: NORTON, DAVE
Address: 302 ROBIN HILL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP GRASSO

TD

09/19/2007

Electronic Signature of Signing Officer or Director

Date