

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT


FILED

08 DEC -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282008 REIN-NP CR2E099 (1/07)

DOCUMENT # 726751			
1. Entity Name ROBIN HILL HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 142 MEADOWLARK DR. ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 142 MEADOWLARK DR. ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business - No P.O. Box # 146 MEADOWLARK		3. Mailing Address 146 MEADOWLARK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL	
Zip 32701	Country Sm	Zip 32701	Country
4. FEI Number 59-2951749		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRASSO, PHILLIP 142 MEADOWLARK DR ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name LENORA ALLEN Street Address (P.O. Box Number is Not Acceptable) 146 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 <i>Lenora L. Allen</i>		LENORA L. ALLEN 11/24/08 DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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 GRASSO, PHILLIP 142 MEADOWLARK DR ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENORA ALLEN 146 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	PD MAUREEN GORMONT 101 PEACOCK DR. ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input checked="" 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	TD LONG, SCOTT 111 MEADOWLARK DR. ALTAMONTE SPRINGS, FL 32701 <input checked="" 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	PD KEVIN BACKSCHEIDER 129 PEACOCK DR. ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input checked="" 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	500138346895 12/01/08--01071--020 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT NORTON, DAVE 302 ROBIN HILL DR ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SCOTT SHELTON 306 ROBIN HILL DR. ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input checked="" 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: <i>Maureen Gormont</i>		MAUREEN GORMONT 11/13/08 407-920-8502	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	