

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726751

FILED
Apr 10, 2009
Secretary of State

Entity Name: ROBIN HILL HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

146 MEADOWLARK DR.
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

146 MEADOWLARK DR.
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2951749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, LENORA
146 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ALLEN, LENORA
Address: 146 MEADOWLARK DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

Title: PD () Delete
Name: GOLMONT, MAUREEN
Address: 101 PEACOCK DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: LONG, SCOTT
Address: 111 MEADOWLARK 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: PD (X) Delete
Name: BACKSCHEIDER, KEVIN
Address: 129 PEACOCK 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: TD (X) Change () Addition
Name: EPPS, DON
Address: 144 PEACOCK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: LENORA ALLEN

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date