

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 728542

1. Entity Name  
LOS ROBLES NEIGHBORHOOD ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 15 AM 11:59

Principal Place of Business  
1567 FERNANDO DR  
TALLAHASSEE, FL 32303

Mailing Address  
1567 FERNANDO DR  
TALLAHASSEE, FL 32303



2. Principal Place of Business - No P.O. Box #  
1509 Fernando Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1509 Fernando Drive  
Suite, Apt. #, etc.

08262008 Chg-NP CR2E037 (12/06)

City & State  
Tallahassee Florida  
Zip 32303 Country USA

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Tallahassee Florida  
Zip 32303 Country USA

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GUSTAPSON, JIMMY  
1567 CRISTABAL DR.  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

Name Carolyn L. DeHaven  
Street Address (P.O. Box Number is Not Acceptable)  
1509 Fernando Drive  
City Tallahassee FL Zip Code 32303

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 *Carolyn L. DeHaven - Treasurer*  
Signature, typed or printed name of registered agent and title if applicable.

8/26/08  
DATE

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUSTAPSON, JIMMY 1567 CRISTOBAL DR. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John Eskes 1538 Cristobal Drive Tallahassee Florida 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Don Dixon 1552 Cristobal Drive Tallahassee, Florida 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Amanda Dean 1538 Cristobal Drive Tallahassee, Florida 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Carolyn L. DeHaven 1509 Fernando Drive Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carolyn L. DeHaven*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/08  
Date

850-566-2225  
Daytime Phone #