

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2008
Secretary of State**

DOCUMENT# 748381

Entity Name: ROBINHOOD VILLAS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BLVD
WINTER PARK, FL 327924527 US

New Principal Place of Business:

Current Mailing Address:

C/O OSS ASSOCIATION MANAGEMENT, INC.
P.O. BOX 5717
WINTER PARK, FL 327935717 US

New Mailing Address:

FEI Number: 59-2677548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, WILLIAM G
C/O OSS ASSOCIATION MANAGEMENT, INC.
753 SOUTH RANGER BOULEVARD
WINTER PARK, FL 327924527 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: PD () Delete
Name: FIELDS, TONI
Address: 600-C ROBINHOOD DRIVE
City-St-Zip: MAITLAND, FL 32751 US

Title: STD () Delete
Name: JORDAN, SHIRLEY BALMER
Address: 405 ABBEYWOOD LANE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: ALBERT, CHRISTEN M
Address: 600 B ROBINHOOD DRIVE
City-St-Zip: MAITLAND, FL 32751 US

Title: VD () Change (X) Addition
Name: ESCOFFERY, SABRINA
Address: 600 A ROBINHOOD DRIVE
City-St-Zip: MAITLAND, FL 32751 US

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: TONI FIELDS

PD

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date