

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 767969</b> 1. Entity Name <b>LOS ROBLES GREEN HOMEOWNERS ASSOCIATION, INC.</b>						FILED 05 APR 15 AM 11:05 TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1883 ATLANTIS PLACE</b> <b>TALLAHASSEE, FL 32303 US</b>				Mailing Address <b>1888 ATLANTIS PLACE</b> <b>TALLAHASSEE, FL 32303 US</b>			
2. Principal Place of Business <b>1888 Atlantis Place</b>		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Tallahassee FL</b>		City & State		4. FEI Number <b>10-2577568</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32303</b>		Country <b>US</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>WILLINGHAM, WILLIAM B</b> <b>1820 ATLANTIS PLACE</b> <b>TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name <b>Dr. Robley J. Light</b> Street Address (P.O. Box Number is Not Acceptable) <b>1811 Atlantis Place</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32303</b>			
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 <u><i>Robley J. Light</i></u> <b>Robley J. Light</b> <b>4/14/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, ROBLEY 1811 ATLANTIS PLACE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIGHT, JEANNE 1811 ATLANTIS PLACE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400054011004 05/06/05--01059--003 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPO, NEIL 1822 ATLANTIS PLACE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASSLER, LAURA 1812 ATLANTIS PLACE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, MEL 1802 Atlantis Place <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WILLINGHAM, BILL 1820 ATLANTIS PL. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, DOUG 1818 ATLANTIS PLACE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McMillan, Iris 1818 Atlantis Place Tallahassee, FL 32303 <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 exemption stated in Section 119.07(3)(i), 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: <u><i>Robley J. Light</i></u> <b>Robley J. Light</b> <b>4/14/05</b> <b>850-644-3844</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							