

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 020 ****61.25

DOCUMENT # 767969 1. Entity Name LOS ROBLES GREEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1888 ATLANTIS PLACE TALLAHASSEE, FL 32303 US			Mailing Address 1888 ATLANTIS PLACE TALLAHASSEE, FL 32303 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 10-2577568			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIGHT, ROBLEY 1811 ATLANTIS PLACE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name <u>William Willingham</u> Street Address (P.O. Box Number is Not Acceptable) <u>1820 Atlantis Place</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u>		
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>[Signature]</u> DATE <u>2/8/2007</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	PSD LIGHT, ROBLEY 1811 ATLANTIS PLACE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID Tom Collins 1823 Atlantis Pl. Tallahassee, FL 32303
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	T/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPO, NEIL 1822 ATLANTIS PLACE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mai Beaumont 1813 Atlantis Place Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, MEL 1802 ATLANTIS PLACE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLINGHAM, BILL 1820 ATLANTIS PL. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMILLAN, IRIS 1818 ATLANTIS PLACE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D
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: <u>Jeane Light</u> <u>Jeane Light</u> <u>2-02-07 (850) 523-7899</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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