

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000006230**

1. Entity Name  
**WEST ROBERTS ESTATES SUBDIVISION  
HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**400 MEGAN DR  
CANTONMENT, FL 32533**

Mailing Address  
**400 MEGAN DR  
CANTONMENT, FL 32533**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3683670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FRENCH, M.D.  
400 MEGAN DR  
CANTONMENT, FL 32533**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT FRENCH, MIKE 400 MEGAN DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JONES, BOB 405 MEGAN DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTCHINGS, LAWRENCE 1129 CARLA DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEONARD, JEFF 415 MEGAN DR CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*M.D. French*  
**M.D. French**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-07 850-384-5189**

Date

Daytime Phone #