

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90635 017 ****61.25

DOCUMENT # N01000007599

1. Entity Name

ROBINSON HILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

150 OXFORD ROAD, SUITE 140
FERN PARK FL 32730

150 OXFORD ROAD, SUITE 140
FERN PARK FL 32730

2. Principal Place of Business

225 S. Westmonte Drive

3. Mailing Address

P.O. Box 161606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2050

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

Zip

32716-1606

Country

USA

4. FEI Number

59-3752194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFAUSER, MARGO A
225 SOUTH WESTMONTE DRIVE
SUITE 2050
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SHUTTS, ROBERTS T
STREET ADDRESS 150 OXFORD ROAD, SUITE 140
CITY-ST-ZIP FERN PARK FL 32730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME ROBINSON, JOSEPH D IV
STREET ADDRESS 150 OXFORD ROAD, SUITE 140
CITY-ST-ZIP FERN PARK FL 32730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME RIDGWAY, JANET L
STREET ADDRESS 150 OXFORD ROAD, SUITE 140
CITY-ST-ZIP FERN PARK FL 32730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert T. Shutts* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert T. Shutts

03-22-02 407-831-2211

Date

Daytime Phone #

0066480

CR2E037 (9/01)