2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000007599

T FILED
Apr 24, 2006
Secretary of State

Entity Name: ROBINSON HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
Bullelli Fillicipai Flace VI Busilless.	New Fillicipal Flace of Dusilless.

225 S WESTMONTE DRIVE 3434 COLWEL AVE

SUITE 3310 #200

ALTAMONTE SPRINGS, FL 32714 US TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

P O BOX 162147 3434 COLWEL AVE

ALTAMONTE SPRINGS, FL 327162147 US #200

TAMPA, FL 33614 US

FEI Number: 59-3752194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PFAUSER, MARGO A
225 SOUTH WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

RIZZETTA & COMPANY
3434 COLWEL AVE
SUITE 200
TAMPA, FL 33614 US

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: WILLIAM RIZZETTA 04/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 MOSS, DAVID
 Name:

 Address:
 5850 T.G. LEE BLVD. STE 600
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 MURPHY, BRANDY
 Name:

 Address:
 5850 T.G. LEE BLVD. STE.600
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MOSS PD 04/24/2006