

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90117 030 ****70.00

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06282005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000001362 1. Entity Name ROBINSWOOD COMMUNITY IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 5916 JENNINGS RD ORLANDO, FL 32808		Mailing Address 5916 JENNINGS RD ORLANDO, FL 32808	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 683015 Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32808		City & State Orlando, FL Zip 32808	
Country Orange		Country Orange	
4. FEI Number 20-0716173		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent JOHNSON, HARRY B 6010 AVERY STREET ORLANDO, FL 32808		Name Diehl Rose Street Address (P.O. Box Number is Not Acceptable) 5521 Laconia Road City Orlando, FL Zip Code 32808	
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>Rosemarie T. Diehl</i></u> (NOTE: Registered Agent signature required when restoring) DATE: _____			
Filing Fee is \$61.25 Due by September 7, 2005		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ELLIOTT, ROBERT L 538 CASCADE CIRCLE #104 CASSELBERRY, FL 32707	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JOHNSON, HARRY B 6048 BALBOA DRIVE ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TORRES, LUIS A 5908 AVERY STREET ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHANKS, ROBERT 2082 ALLEGHENY COURT ORLANDO, FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CLAYTON, MOLLY 5918 JENNING ROAD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowerments.			
SIGNATURE: <u><i>Molly Clayton</i></u>		Date: <u>07/07/05</u>	