

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000001362**

1. Entity Name  
**ROBINSWOOD COMMUNITY IMPROVEMENT  
ASSOCIATION, INC.**



Principal Place of Business

**5516 JENNINGS RD  
ORLANDO, FL 32808**

Mailing Address

**PO BOX 683015  
ORLANDO, FL 32808**

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**20-0716173**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIEHL, ROSE  
5521 LACONIA ROAD  
ORLANDO, FL 32808**

**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 reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIEHL, ROSE
STREET ADDRESS	5821 LACONIA
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	JOHNSON, HARRY B
STREET ADDRESS	6048 BALBOA DRIVE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	TORRES, LUIS A
STREET ADDRESS	5908 AVERY STREET
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	SHANKS, ROBERT
STREET ADDRESS	2082 ALLEGHENY COURT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	CLAYTON, MOLLY
STREET ADDRESS	5918 JENNING ROAD
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	JONES, AMY
STREET ADDRESS	E-210 CASTLEWOOD LANE
CITY-ST-ZIP	ORLANDO, FL 32808

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05/20/06-80020-016 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/06** **291-2205**