


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90210 039 ****61.25


DOCUMENT # N04000003400	
1. Entity Name ROBINSON FARM HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 10709 WINDING STREAM WAY BRADENTON, FL 34212	Mailing Address 10709 WINDING STREAM WAY BRADENTON, FL 34212
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2. Principal Place of Business 611 ROBINSON OAKS LANE	3. Mailing Address 611 ROBINSON OAKS LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANT CITY, FLORIDA	City & State PLANT CITY, FLORIDA
Zip 33567	Zip 33567
Country HILLSBOROUGH	Country HILLSBOROUGH

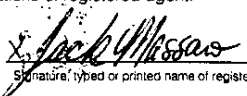
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02272006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROBINSON, LARRY C 10709 WINDING STREAM WAY BRADENTON, FL 34212		
7. Name and Address of New Registered Agent Name JACK C. MASSARO Street Address (P.O. Box Number is Not Acceptable) 614 COLSON ROAD City PLANT CITY FL Zip Code 33567		

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.

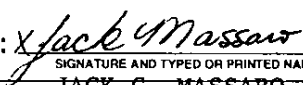
SIGNATURE  **JACK C. MASSARO** **5-1-06**

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, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTD	ROBINSON, LARRY C <input checked="" type="checkbox"/> Delete	TITLE PD	JACK C. MASSARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, LARRY C		NAME JACK C. MASSARO	
STREET ADDRESS 10709 WINDING STREAM WAY		STREET ADDRESS 614 COLSON ROAD	
CITY-ST-ZIP BRADENTON, FL 34212		CITY-ST-ZIP PLANT CITY, FLORIDA 33567	
TITLE SVD	ROBINSON, JEANNETTE M <input checked="" type="checkbox"/> Delete	TITLE VD	HERDIS D. PORTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, JEANNETTE M		NAME HERDIS D. PORTER	
STREET ADDRESS 10709 WINDING STREAM WAY		STREET ADDRESS 708 COLSON ROAD	
CITY-ST-ZIP BRADENTON, FL 34212		CITY-ST-ZIP PLANT CITY, FLORIDA 33567	
TITLE D	ROBINSON, JEFFREY J <input checked="" type="checkbox"/> Delete	TITLE SD	KENNY J. CAUTHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, JEFFREY J		NAME KENNY J. CAUTHEN	
STREET ADDRESS 2710 WILDER RESERVE DRIVE		STREET ADDRESS 611 ROBINSON OAKS LANE	
CITY-ST-ZIP PLANT CITY, FL 33566		CITY-ST-ZIP PLANT CITY, FLORIDA 33567	
TITLE	<input type="checkbox"/> Delete	TITLE TD	THOMAS A. MULDOWNEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME THOMAS A. MULDOWNEY	
STREET ADDRESS		STREET ADDRESS 4510 HAWKINS ROAD	
CITY-ST-ZIP		CITY-ST-ZIP PLANT CITY, FLORIDA 33567	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **JACK C. MASSARO, PRESIDENT** **5-1-06** **(813) 650-8346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #