

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90038 024 ****61.25

DOCUMENT # N04000003400 1. Entity Name ROBINSON FARM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 611 ROBINSON OAKS LANE PLANT CITY, FL 33567			Mailing Address 611 ROBINSON OAKS LANE PLANT CITY, FL 33567		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAUTHEN, KENNY J 611 ROBINSON OAKS LN PLANT CITY, FL 33567			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD: MASSARO, JACK C <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	614 COLSON ROAD		NAME		
STREET ADDRESS	PLANT CITY, FL 33567		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, HERDIS D		NAME		
STREET ADDRESS	708 COLSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAUTHEN, KENNY J		NAME		
STREET ADDRESS	611 ROBINSON OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULDOWNY, THOMAS A		NAME		
STREET ADDRESS	4510 HAWKINS ROAD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33567		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		
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: <i>Thomas Muldowney</i> Thomas Muldowney			3/7/08 813 650 0301		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50000753



03072008 Chg-NP CR2E037 (12/06)