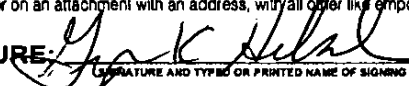


FILED  
May 17, 2007 8:00 am  
Secretary of State

03-29-2007 90034 048 \*\*\*\*70.00

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                                                                         |                                                                                                                                                              |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N05000008998</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                        |                                                                                                                                                              |                                                                   |
| 1. Entity Name<br><b>ROBINHOOD TERRACE AND SHERWOOD DELL MOBILE HOME PARKS HOMEOWNERS ASSOC. INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                         |                                                                                                                                                              |                                                                   |
| Principal Place of Business<br><b>810 MASON AVE. LOT #29<br/>DAYTONA BEACH, FL 32117</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          | Mailing Address<br><b>810 MASON AVE. LOT #29<br/>DAYTONA BEACH, FL 32117</b>                                                            |                                                                                                                                                              |                                                                   |
| 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<br><b>06-1749187</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | Applied For<br><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<br><b>HELSEL, GINGER<br/>810 MASON AVE.<br/>LOT 29<br/>DAYTONA BEACH, FL 32117</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |                                                                                                                                         |                                                                                                                                                              |                                                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                                                                                                              |                                                                   |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                                                                         |                                                                                                                                                              |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                                                                                              |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PT<br>HELSEL, GINGER<br>810 MASON AVE.<br>DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | P/O<br>HELSEL, GINGER<br>810 MASON AVE, #29<br>DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VS<br>COWGILL, JOSEPHINE<br>810 MASON AVE.<br>DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | S/T/D<br>JOSEPHINE COWGILL<br>711 BRENTWOOD DR., #10<br>DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M<br>OAKLEY, RON<br>810 MASON AVE #35<br>DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | D<br>RON OAKLEY<br>810 MASON AVE, #35<br>DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M<br>TUFT, EDGAR<br>810 MASON AVE.<br>DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        |                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M<br>BURNS, WILLIE<br>810 MASON AVE #31<br>DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | B/V<br>BURNS, WILLIE<br>810 MASON AVE, #31<br>DAYTONA BEACH, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                        | D<br>ROBINSON, KATIE<br>810 MASON AVE, #27<br>DAYTONA BEACH, FL 32117 <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 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:  HELSEL, GINGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | 4-23-07 386-238-5339                                                                                                                    |                                                                                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | Date Daytime Phone #                                                                                                                    |                                                                                                                                                              |                                                                   |

# ATTACHMENT

Page 2 of 2

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ROBIN HOOD TERRACE HOMEOWNERS  
SHERWOOD DELL MHP  
430 MARSH AVE  
LOT 29  
DAYTONA BEACH, FL 32117

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3-19-07

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DATE

MY TO THE  
ORDER OF Florida Department of State \$ 70.00  
Seventy & no/100

SPACE  
COAST  
SPRING LAKE

FOR Dir. of Corp annual report Josephine J. Carville

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DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 100188789

APR 23 2007