

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 019 ****70.00

DOCUMENT # N06000005871					
1. Entity Name ROBBINS RIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 720 ALMOND STREET CLERMONT, FL 34711			Mailing Address 720 ALMOND STREET CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 16405 W. COLONIAL DRIVE		3. Mailing Address P.O. BOX 120188			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OAKLAND, FL		City & State CLERMONT, FL		4. FEI Number 20-8201121	
Zip 34787		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGLEY, RICHARD H 720 ALMOND STREET CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name RICHARD H. LANGLEY Street Address (P.O. Box Number is Not Acceptable) 16405 W. COLONIAL DRIVE City OAKLAND FL 34787			
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>Richard H. Langley</i></u> RICHARD H. LANGLEY 2-22-08 <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 DP	NAME LANGLEY, RICHARD H		<input type="checkbox"/> Delete	TITLE P.V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 720 ALMOND STREET	CITY-ST-ZIP CLERMONT, FL 34711			STREET ADDRESS 16405 W. COLONIAL DRIVE	CITY-ST-ZIP OAKLAND, FL 34787
TITLE DVP	NAME LANGLEY, RANDALL B		<input type="checkbox"/> Delete	TITLE S.T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 720 ALMOND STREET	CITY-ST-ZIP CLERMONT, FL 34711			STREET ADDRESS 16405 W. COLONIAL DRIVE	CITY-ST-ZIP OAKLAND, FL 34787
TITLE DST	NAME SCOTT, DEBRA S		<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 720 ALMOND STREET	CITY-ST-ZIP CLERMONT, FL 34711			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			STREET ADDRESS 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: <u><i>Richard H. Langley</i></u>			2-22-08 (407) 654-8675		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40035608

