

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12929** (8)
1. Corporation Name
ROBERT'S PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3390 GANDY BLVD SUITE 26 ST PETERSBURG FL 33702 US	Mailing Address 3390 GANDY BLVD SUITE 26 ST PETERSBURG FL 33702 US
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3. Date Incorporated or Qualified 01/10/1986
4. FEI Number 59-2874920
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent COOPER, GORDON 3390 GANDY BLVD., #25 ST. PETERSBURG FL 33702
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10. Name and Address of New Registered Agent 81 Name MARSHALL, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 3390 GANDY BLVD #24 83 84 City ST PETERSBURG FL 85 Zip Code 33702
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joseph Marshall **JOSEPH MARSHALL PD. 3/3/98**
(NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD COOPER, GORDON <input checked="" type="checkbox"/> DELETE
NAME	COOPER, GORDON
STREET ADDRESS	3390 GANDY BLVD. #25
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	VD MARSHALL, JOSEPH <input type="checkbox"/> DELETE
NAME	MARSHALL, JOSEPH
STREET ADDRESS	3390 GANDY BLVD SUITE 24
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	S SCHWOYER, GERE <input type="checkbox"/> DELETE
NAME	SCHWOYER, GERE
STREET ADDRESS	3390 GANDY BLVD SUITE 175
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D LE CLEAR, NORMAN <input type="checkbox"/> DELETE
NAME	LE CLEAR, NORMAN
STREET ADDRESS	3390 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG FL 33702
TITLE	AT JORDON, HOWARD <input type="checkbox"/> DELETE
NAME	JORDON, HOWARD
STREET ADDRESS	3390 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD MARSHALL, JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARSHALL, JOSEPH
1.3 STREET ADDRESS	3390 GANDY BLVD #24
1.4 CITY-ST-ZIP	ST PETERSBURG FL
2.1 TITLE	VD LE CLEAR, NORMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LE CLEAR, NORMAN
2.3 STREET ADDRESS	3390 GANDY BLVD
2.4 CITY-ST-ZIP	ST PETERSBURG FL 33702
3.1 TITLE	S SCHWOYER, GERE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHWOYER, GERE
3.3 STREET ADDRESS	3390 GANDY BLVD
3.4 CITY-ST-ZIP	ST PETERSBURG FL 33702
4.1 TITLE	AT JORDON, HOWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JORDON, HOWARD
4.3 STREET ADDRESS	3390 GANDY BLVD
4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Marshall **JOSEPH MARSHALL** 3/3/98 8135768965

CR2E037 (10/97)