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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12929

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

01/10/1986

4. FEI Number

59-2874920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MARSHALL, JOSEPH
3390 GANDY BLVD
#24
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
LECLEAR, NORMAN
82 Street Address (P.O. Box Number is Not Acceptable)
3390 GANDY BLVD
83 ST PETERSBURG, FL 33702
84 City FL 85 Zip Code

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 NORMAN LECLEAR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 1, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOSEPH	
STREET ADDRESS	3390 GANDY BLVD, #24	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LECLEAR, NORMAN	
STREET ADDRESS	3390 GANDY BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWOYER, GERE	
STREET ADDRESS	3390 GANDY BLVD SUITE 175	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LE CLEAR, NORMAN	
STREET ADDRESS	3390 GANDY BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	AT	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LECLEAR, NORMAN	
1.3 STREET ADDRESS	3390 GANDY BLVD	
1.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GAUW, RICH	
2.3 STREET ADDRESS	3390 GANDY BLVD	
2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COOK, EUGENE	
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, with all other like empowered.

SIGNATURE: NORMAN LECLEAR MARCH 1, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)