FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:58

DOCUMENT # N14610 (2)

1. Corporation Name

ROBERTS BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
615 ROBERTS BAY DRIVE NOKOMIS FL 34275	615 ROBERTS BAY DRIVE NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1986
3a. Date of Last Report: 06/24/1994
4. FEI Number: 22-1764687 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 614 Roberts Bay Drive	26 614 Roberts Bay Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Nokomis Fl	City & State 28 Nokomis Florida
Zip / Country 24 34275 / 25 USA	Zip / Country 29 34275 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERREC, ROGER A. 615 ROBERTS BAY DRIVE NOKOMIS FL 34275	81 Name: Bill Dornan 82 Street Address (P.O. Box Number is Not Acceptable) 83 614 Roberts Bay Drive 84 City: Nokomis FL 85 Zip Code: 34275

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William B Dornan — DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FERREC, ROGER A.	12 NAME	Bill Dornan	
STREET ADDRESS	615 ROBERTS BAY DRIVE	13 STREET ADDRESS	614 Roberts Bay Drive	
CITY-ST-ZIP	NOKOMIS FL	14 CITY-ST-ZIP	Nokomis Fl 34275	
TITLE	SD	21 TITLE	VD	☒ Change ☐ Addition
NAME	VANDERYACHT, MARK	22 NAME	Sharon Grigsby	
STREET ADDRESS	630 ROBERTS BAY DRIVE	23 STREET ADDRESS	615 Roberts Bay Drive	
CITY-ST-ZIP	NOKOMIS FL	24 CITY-ST-ZIP	Nokomis Fl. 34275	
TITLE	D	31 TITLE	S/TIO	☒ Change ☐ Addition
NAME	FERREC, RUTH J.	32 NAME	Karen Farrell	
STREET ADDRESS	615 ROBERTS BAY DRIVE	33 STREET ADDRESS	618 Roberts Bay Drive	
CITY-ST-ZIP	NOKOMIS FL	34 CITY-ST-ZIP	Nokomis Fl. 34275	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Karen A Farrell — Karen A Farrell — 4-26-95 — 813-481-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084034