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May 19 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 # N14610 (2)
1. Corporation Name
ROBERTS BAY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 614 ROBERTS BAY DR NOKOMIS FL 34275 US	Mailing Address 614 ROBERTS BAY DR NOKOMIS FL 34275 US	3. Date Incorporated or Qualified 04/28/1986
		4. FEI Number 22-1764687
		Applied For Not Applicable

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	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 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent DORNAN, BILL 614 ROBERTS BAY DR NOKOMIS FL 34275	10. Name and Address of New Registered Agent 81 Name MARY DORNAN 82 Street Address (P.O. Box Number is Not Acceptable) 614 ROBERTS BAY DR 83 84 City NOKOMIS FL 85 Zip Code 34275
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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 *Mary Dornan* DATE *5/8/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME DORNAN, BILL STREET ADDRESS 614 ROBERTS BAY DR CITY-ST-ZIP NOKOMIS FL	1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MARY DORNAN 1.3 STREET ADDRESS 614 ROBERTS BAY DR. 1.4 CITY-ST-ZIP NOKOMES, FL		
TITLE VD <input type="checkbox"/> DELETE NAME GRISBY, SHARON STREET ADDRESS 615 ROBERTS BAY DR CITY-ST-ZIP NOKOMIS FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE STD <input checked="" type="checkbox"/> DELETE NAME FARRELL, KAREN STREET ADDRESS 618 ROBERTS BAY DR CITY-ST-ZIP NOKOMIS FL	3.1 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME MIKE FARRELL 3.3 STREET ADDRESS 618 ROBERTS BAY DRIVE 3.4 CITY-ST-ZIP NOKOMES FL		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 *Mary Dornan* DATE *4/23/98* *(941) 841-7339*

CP2E037 (10/97)