

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90045 048 ****61.25

DOCUMENT # N14610

1. Entity Name

ROBERTS BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

614 ROBERTS BAY DR
 NOKOMIS FL 34275
 US

614 ROBERTS BAY DR
 NOKOMIS FL 34275
 US

2. Principal Place of Business

3. Mailing Address

615 Roberts Bay DR

615 Roberts Bay DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NOKOMIS FL 34275

City & State
 NOKOMIS FL

City & State
 NOKOMIS FL

Zip
 34275

Country
 US

Zip
 34275

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

22-1764687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARY DORNAN
 614 ROBERTS BAY DR
 NOKOMIS FL 34275

Name
 James Grigsby
 Street Address (P.O. Box Number is Not Acceptable)
 615 Roberts Bay DR
 NOKOMIS
 City FL Zip Code 34275

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 James A Grigsby

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

(NOTE: Registered Agent signature required when reinstating)

9/1/02

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME MARY DORNAN
 STREET ADDRESS 614 ROBERTS BAY DR
 CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE PD
 NAME JAMES A GRIGSBY ☒ Change ☐ Addition
 STREET ADDRESS 615 Roberts Bay DR
 CITY-ST-ZIP NOKOMIS FL. 34275

TITLE VD
 NAME GRISBY, SHARON
 STREET ADDRESS 615 ROBERTS BAY DR
 CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME MIKE FARRELL
 STREET ADDRESS 618 ROBERTS BAY DR
 CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE STD
 NAME Sharon Grigsby ☒ Change ☐ Addition
 STREET ADDRESS 615 Roberts Bay DR
 CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: Sharon Grigsby SHARON GRIGSBY

9/1/02 94-544-6502

CR2E037 (4/02)