## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

## ROBINSON PCD MAINTENANCE ASSOCIATION, INC.

| Principal Place of Business           |   | Mailing Address                               |               |                                    | (  | /IEI BIBIT #7   | en Bien diffe Sien denn inn       |  |
|---------------------------------------|---|---|---------------|------------------------------------|--|---|-----------------------------------|--|
| 1991 INDUSTRIA<br>DELAND FL 327       |   | 1991 INDUSTRIAL DRIVE<br>DELAND FL 32724-2039 |               |                                    |  |   |                                   |  |
|                                       |   |   |               |                                    |  | 3. Date Incorporated or Qualified 04/26/1988  | 3a. D                             | ate of Last Fleport<br><b>08/23/1996</b>             |
| 2. Principal P<br>21                  | lace of Business  | 2a. Mailing Address                           |               |                                    | 4. FEI Number<br>59-2889115                        |   | Applied For<br>Not Applicable     |  |
| Suite, Apt. #, etc                    |   | Suite, Apt. #, etc.                           |               |                                    | 5. Certificate of Status Desired                   | 20  | \$8.75 Additional<br>Fee Required |  |
| City & State                          |   | City & State                                  |               |                                    | 6. Election Campaign Financing                     |   | \$5.00 May Be                     |  |
| 23                                    |   | 28  |               | Trust Fund Contribution            |  | Added to Fees   |                                   |  |
| Zip 24                                | Country Zip C 25 29 30  |   | $\overline{}$ | intry                              |  | 8. This corporation has liability for Florida Statutes                                | intangible<br>Yes                 |  |
|                                       | 9. Name and Address of Curren   | t Registered Agent                            |               |                                    |  | 10. Name and Address of New Re  | gistered                          | Agent  |
|                                       |   |   |               | 81                                 | Name   |   |                                   | i  |
| ROBINSON, DAVID 1991 INDUSTRIAL DRIVE |   |   |               | 82                                 | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |  |
| DELAND FL 32724                       |   |   |               | 83                                 |  |   |                                   |  |
| •                                     |   |   |               | 84                                 | City   |   | FL                                | 85 Zip Code  |
| agent. La<br>SIGNATURE                | m familiar with, and accept the obliga  | ations of, Section 617.0503, F                | iorida Stai   | tutes                              |  | orporation submits this statement for the pration's board of directors. I hereby acce |                                   | f changing its registered<br>pointment as registered |
|                                       | Signature, typod or printed name of registered agent and title if applicable. (NOTE |   |               | Registered Agent signature require |  | quired when reinstating)  ADDITIONS/CHANGES TO OFFI                                   | DATE                              | D DIDECTORS IN 10                                    |
| 12.                                   | PD OFFICERS AN  | DELETE DELETE                                 | 1,1 1         | TLE                                |  | ADDITIONS/CHANGES TO OFFI   | JEHS AIN                          | Change Addition                                      |
| NAME                                  | ROBINSON, DAVID   | C DEVICE                                      | 1.2 N         |                                    | İ  |   |                                   |  |
| STREET ADDRESS                        | 1990 INDUSTRIAL DR.   |   | 1.3 STRE      |                                    | ADDRESS  |   |                                   |  |
| CITY-ST-ZIP                           | DELAND FL   |   |               | (TY-51                             | · · · · · · · · · · · · · · · · · · ·              |   |                                   |  |
| TITLE                                 | VD  | DELETE  | 2.1 TI        | TLE                                |  |   |                                   | Change Addition                                      |
| NAME                                  | Dye, robert   |   | 2.2 N         | AME                                |  |   |                                   |  |
| STREET ADDRESS                        | 1991 INDUSTRIAL DRIVE   |   | 2.3 S         | 2.3 STREET ADDRESS                 |  |   |                                   |  |
| CITY-ST-ZIP                           | DELAND FL 32724   |   |               | ITY-S                              | T-ZIP  |   |                                   |  |
| TITLE                                 | STD   | ☐ DELETE                                      | 3.1 TI        |                                    | -  |   |                                   | L. Change L. Addition                                |
| NAME<br>Averay Appears                | ALDERMAN, DALE<br>1991 INDUSTRIAL DRIVE   |   | 3.2 N         |                                    | 4000000  |   |                                   |  |
| STREET ADDRESS                        | DELAND FL 32724   |   |               |                                    | ADDRESS  |   |                                   |  |
| CITY-ST-ZIP                           | DECRIPO I C 32724   | DELETE  | 4.1 11        | HTY-S<br>TLE                       | 1-21   |   |                                   | ☐ Change ☐ Addition                                  |
| NAME                                  |   |   | 4.21          |                                    | )  |   |                                   | _ • _  |
| STREET ADDRESS                        |   |   |               |                                    | ADDRESS  |   |                                   |  |
| CITY-ST-ZIP                           |   |   | 4.4 CITY      |                                    | r- <b>z</b> ip                                     |   |                                   |  |
| TITLE                                 |   | ☐ DELETE                                      | 5.1 TI        |                                    |  |   |                                   | ☐ Change ☐ Addition                                  |
| NAME                                  |   |   | 5.2 N         | AME                                |  |   |                                   |  |
| STREET ADDRESS                        |   |   | 5.3 \$        | TREET                              | ADDRESS  |   |                                   |  |
| CITY-ST-ZIP                           |   |   | 540           | ITY-S                              | r-zip  |   |                                   | ····   |
| TITLE                                 |   | ☐ DELETE                                      | 6.1 TI        | TLE                                |  |   |                                   | ☐ Change ☐ Addition                                  |
| NAME                                  |   |   | 6.2 N         | AME                                | . ]  |   |                                   |  |
| STREET ADDRESS                        |   |   | 6.3 \$        | TAEET                              | ADDRESS  |   |                                   |  |

SIGNATURE:

appears in Block 12 or Bl

STREET ADDRESS

CITY-ST-ZIP

AVID R. ROBINSON Date 3/10/97 Daytime Phone # 0013547

6.4 CITY-ST-ZIP

14. I do 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

**FILED** 

Mar 31 1997 8:00am

Secretary of State