



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90065 010 ****61.25

DOCUMENT # N29960 1. Entity Name ROBERT'S RISE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 615 ROBERT'S RISE DR OCOE, FL 34761 US			Mailing Address 615 ROBERTS RISE DR OCOE, FL 34761 US		
2. Principal Place of Business - No P.O. Box # 622 ROBERTS RISE DR Suite, Apt. #, etc.		3. Mailing Address 622 ROBERTS RISE DR Suite, Apt. #, etc.		40033011 	
City & State OCOE FLORIDA		City & State OCOE, FLORIDA		4. FEI Number 59-2920575	
Zip 34761		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIEHL, RUTH 615 ROBERTS RISE DR OCOE, FL 34761				7. Name and Address of New Registered Agent Name ELIZABETH R. RULLO Street Address (P.O. Box Number is Not Acceptable) 622 ROBERTS RISE DR. City OCOE FL Zip Code 34761	
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 <u><i>Elizabeth R. Rullo</i></u> <u><i>Elizabeth R. Rullo</i></u> <u>4/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIEHL, RUTH 615 ROBERT'S RISE DRIVE OCOE, FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ELIZABETH R. RULLO 622 ROBERTS RISE DR. OCOE, FLORIDA 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCNEAL, SUSAN 613 ROBERTS RISE DR OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, JOHN 620 ROBERTS RISE DR OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAHOY, VICKI 609 ROBERTS RISE DR OCOE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Elizabeth R. Rullo</i></u> <u>ELIZABETH R. RULLO</u> <u>4/3/07</u> <u>407-656-6617</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					