

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N45401

FILED
May 27, 2009
Secretary of State

Entity Name: ROBBINS REST HOMEOWNERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

425 ROBBINS REST CIRCLE
DAVENPORT, FL 33896

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

PO BOX 386
LOUGHMAN, FL 33858

FEI Number: 59-3084946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBBINS REST HOME OWNERS ASSOCIATION
425 ROBBINS REST CIRCLE
DAVENPORT, FL 33896 US

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.

SIGNATURE: SHARON FISHER

05/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REYES, HENRY
Address: 117 ROBBINS REST PL
City-St-Zip: DAVENPORT, FL 33896

Title: VPSD () Delete
Name: MAYNARD, ANNE
Address: 221 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

Title: TD () Delete
Name: DORF, GREGORY
Address: 354 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FISHER, SHARON
Address: 425 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

Title: VPSD (X) Change () Addition
Name: REDGRAVE, RYANE
Address: 240 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

Title: TD (X) Change () Addition
Name: DITTON, MICHELE
Address: 227 ROBBINS REST CIRCLE
City-St-Zip: DAVENPORT, FL 33896

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON FISHER

PD

05/27/2009

Electronic Signature of Signing Officer or Director

Date