

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45401

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** ROBBINS REST HOMEOWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

240 ROBBINS REST CIRCLE  
DAVENPORT, FL 33896

**New Principal Place of Business:**

425 ROBBINS REST CIRCLE  
DAVENPORT, FL 33896

**Current Mailing Address:**

PO BOX 386  
LOUGHMAN, FL 33858

**New Mailing Address:**

**FEI Number:** 59-3084946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DITTON, MICHELE M  
227 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: MICHELE M DITTON

01/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISHER, SHARON  
Address: 425 ROBBINS REST CIRCLE  
City-St-Zip: DAVENPORT, FL 33896

Title: VP  
Name: REDGRAVE, RYANE  
Address: 240 ROBBINS REST CIRCLE  
City-St-Zip: DAVENPORT, FL 33896

Title: ST  
Name: DITTON, MICHELE  
Address: 227 ROBBINS REST CIRCLE  
City-St-Zip: DAVENPORT, FL 33896

I hereby 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 all other like empowered.

SIGNATURE: MICHELE DITTON

ST

01/15/2011

Electronic Signature of Signing Officer or Director

Date