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Mar 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001697 (2)

1. Corporation Name

THE CRAIG AND FLORI ROBERTS FAMILY FOUNDATION, I
NC.

Principal Place of Business

Mailing Address

1241 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

1241 GULF OF MEXICO DRIVE
SUITE 801
LONGBOAT KEY FL 34228
US

3. Date Incorporated or Qualified

04/15/1993

4. FEI Number

65-0402203

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, N. CRAIG
1241 GULF OF MEXICO DRIVE
SUITE 801
LONGBOAT KEY FL 34228

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME ROBERTS, N. CRAIG
STREET ADDRESS 1211 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE DVS
NAME ROBERTS, FLORENCE
STREET ADDRESS 1211 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE D
NAME ROBERTS, BRUCE
STREET ADDRESS 9 SURREY LANE
CITY-ST-ZIP W. DEAL NJ 07712

TITLE D
NAME ROBERTS, DOUGLAS
STREET ADDRESS 406 CHANNEL DR.
CITY-ST-ZIP MONMOUTH BEACH NJ 07750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Y. Roberts

2/28/98 941-383-3655

CP2E037 (10/97)