

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -6 AM 6:44

DOCUMENT # N94000001956 (1)

1. Corporation Name

**THE ROBERTS SUBDIVISION HOMEOWNERS' ASSOCIATION,
INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**C/O WILLIAM R. KOPP, ESQ.
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285**

**C/O WILLIAM R. KOPP, ESQ.
333 SOUTH TAMiami TRAIL, SUITE 199
VENICE FL 34285**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

04/18/1994

4. FEI Number

65-0563588

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOPP, WILLIAM R ESQ.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and the corporation)

(NOTE: Registered agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
ROBERTS, ISAAC B
331 ROBERTS ROAD
NOKOMIS FL 34275**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
ROBERTS, DOROTHY B
331 ROBERTS ROAD
NOKOMIS FL 34275**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
Deborah L. Roberts De Vaney
611 Bristol Lane
Nokomis, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
Rebecca S. Roberts Cable
5020 McCoy Circle
Cumming, GA 30130**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
Michael B. Roberts
3505 Pinetree Road
Orlando, FL 32804**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isaac B. Roberts **ISAAC B. ROBERTS**

813-488-6409