

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 14 1997 8:00am  
Secretary of State**DOCUMENT # N94000001956 (1)**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

**C/O WILLIAM R. KORP. ESQ.  
333 SOUTH TAMiami TRAIL, SUITE 199  
VENICE FL 34285-2470**

3. Date Incorporated or Qualified

**04/18/1994**

3a. Date of Last Report

**03/01/1996**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City &amp; State

**23**

City &amp; State

**28**

Zip Country

**24****25**

Zip Country

**29****30**

4. FEI Number

**65-0563588**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **D** ☐ DELETE**ROBERTS, ISAAC B  
331 ROBERTS ROAD  
NOKOMIS FL 34275**TITLE **D** ☐ DELETE**ROBERTS, DOROTHY B  
331 ROBERTS ROAD  
NOKOMIS FL 34275**TITLE **D** ☐ DELETE**ROBERTS DE VANEY, DEBORAH L.  
611 BRISTOL LANE  
NOKOMIS FL**TITLE **D** ☐ DELETE**ROBERTS CABLE, REBECCA S.  
5020 MCCOY CIRCLE  
CUMMING GA**TITLE **D** ☐ DELETE**ROBERTS, MICHAEL B.  
3505 PINETREE ROAD  
ORLANDO FL**TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Isaac B. Roberts****ISAAC B. ROBERTS 1/21/97****941-488-6409**

Date

Daytime Phone # **0064431**

CP2E037 (9/96)