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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90011 011 \*\*\*\*61.25

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1. Corporation Name

THE ROBERTS SUBDIVISION HOMEOWNERS' ASSOCIATION,  
INC.

88753 90011 11

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/18/1994

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

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  
NAME ROBERTS, ISAAC B  
STREET ADDRESS 331 ROBERTS ROAD  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D  
NAME ROBERTS, DOROTHY B  
STREET ADDRESS 331 ROBERTS ROAD  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE D  
NAME ROBERTS DE VANEY, DEBORAH L.  
STREET ADDRESS 611 BRISTOL LANE  
CITY-ST-ZIP NOKOMIS FL

TITLE D  
NAME ROBERTS CABLE, REBECCA S.  
STREET ADDRESS 5020 MCCOY CIRCLE  
CITY-ST-ZIP CUMMING GA

TITLE D  
NAME ROBERTS, MICHAEL B.  
STREET ADDRESS 3505 PINETREE ROAD  
CITY-ST-ZIP ORLANDO FL

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

☐ Change ☐ Addition

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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 with all other like empowered.

SIGNATURE:

ISAAC B. ROBERTS, President

1/16/99

941-488-6409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)