

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000001956**

1. Entity Name

**THE ROBERTS SUBDIVISION HOMEOWNERS' ASSOCIATION,****FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90008 021 \*\*\*\*61.25

007354

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0563588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment  
922230  
Document # N94000001956

Form **1120-H**

**U.S. Income Tax Return  
for Homeowners Associations**

OMB No. 1545-0127

**2000**

Department of the Treasury  
Internal Revenue Service

For calendar year 2000 or tax year beginning , 2000, and ending , 20

Use IRS label. Other- wise, please print or type.	Name <b>ROBERTS SUBDIVISION HOMEOWNERS ASSN. INC.</b>	Employer identification number (see page 4) <b>650563688</b>
	Number, street, and room or suite no. (if a P.O. box, see page 4) <b>33550 TAMTRAIL SUITE 199 1/2 W. R. CORP.</b>	Date association formed <b>4/8/94</b>
	City or town, state, and ZIP code <b>VENICE FL 34285</b>	

Check if: (1) ☐ Final return (2) ☐ Change of address (3) ☐ Amended return

**A** Check type of homeowners association: ☐ Condominium management association ☐ Residential real estate association ☐ Timeshare association

<b>B</b> Total exempt function income. Must meet 60% gross income test (see instructions)	<b>B</b>
<b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions)	<b>C</b>
<b>D</b> Association's total expenditures for the tax year (see instructions)	<b>D</b>
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b>

**Gross Income (excluding exempt function income)**

<b>1</b> Dividends	<b>1</b>
<b>2</b> Taxable interest	<b>2</b> CORPORATION
<b>3</b> Gross rents	<b>3</b> IS NOT ACTIVE
<b>4</b> Gross royalties	<b>4</b>
<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b> NO ASSETS
<b>6</b> Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	<b>6</b> NO INCOME
<b>7</b> Other income (excluding exempt function income) (attach schedule)	<b>7</b> NO EXPENSES
<b>8</b> Gross income (excluding exempt function income). Add lines 1 through 7	<b>8</b> NO ACTIVITY

**Deductions (directly connected to the production of gross income, excluding exempt function income)**

<b>9</b> Salaries and wages	<b>9</b>
<b>10</b> Repairs and maintenance	<b>10</b>
<b>11</b> Rents	<b>11</b>
<b>12</b> Taxes and licenses	<b>12</b>
<b>13</b> Interest	<b>13</b>
<b>14</b> Depreciation (attach Form 4562)	<b>14</b>
<b>15</b> Other deductions (attach schedule)	<b>15</b>
<b>16</b> Total deductions. Add lines 9 through 15	<b>16</b>
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b>
<b>18</b> Specific deduction of \$100	<b>18</b> \$100 00

**Tax and Payments**

<b>19</b> Taxable income. Subtract line 18 from line 17	<b>19</b>
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	<b>20</b>
<b>21</b> Tax credits (see instructions)	<b>21</b>
<b>22</b> Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>
<b>23</b> Payments: a 1999 overpayment credited to 2000 <b>23a</b>	<b>23g</b>
b 2000 estimated tax payments <b>23b</b>	
c Total <b>23c</b>	
d Tax deposited with Form 7004 <b>23d</b>	
e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b>	
f Credit for Federal tax on fuels (attach Form 4136) <b>23f</b>	
g Add lines 23c through 23f	<b>23g</b>
<b>24</b> Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	<b>24</b>
<b>25</b> Overpayment. Subtract line 22 from line 23g	<b>25</b>
<b>26</b> Enter amount of line 25 you want: Credited to 2001 estimated tax <b>26</b> Refunded <b>26</b>	<b>26</b>

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <b>James B. Roberts</b>	Date <b>2/14/01</b>	Title <b>DIRECTOR</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) address, and ZIP code	EIN	Preparer's SSN or PTIN
	Phone no.		