

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001956**

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

Isaac B. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORPresident 3/2/02 941-488-6409
Date Daytime Phone #**FILED**
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90039 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment
Document # N94000001956

Form **1120-H**

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

OMB No. 1545-0127

2001

Department of the Treasury
Internal Revenue Service

For calendar year 2001 or tax year beginning , 2001, and ending , 20

Use IRS label. Other- wise, please print or type.	Name ROBERTS SUBDIVISION HOMEOWNERS ASSN INC.	Employer identification number (see page 4) 65-0563588
	Number, street, and room or suite no. (If a P.O. box, see page 4) 333 S TAM TRAIL SUITE #199 GAILM R. CORP	Date association formed 4/18/94
	City or town, state, and ZIP code VENICE FL 34285	337997

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

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

B Total exempt function income. Must meet 60% gross income test (see instructions)	B	
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	
D Association's total expenditures for the tax year (see instructions)	D	0
E Tax-exempt interest received or accrued during the tax year	E	

Gross Income (excluding exempt function income)

1 Dividends	1	
2 Taxable interest	2	
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	
6 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	
7 Other income (excluding exempt function income) (attach schedule)	7	
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	0

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

9 Salaries and wages	9	0
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	14	
15 Other deductions (attach schedule)	15	
16 Total deductions. Add lines 9 through 15	16	0
17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	
18 Specific deduction of \$100	18	\$100 00

Tax and Payments

19 Taxable income. Subtract line 18 from line 17	19	
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	
21 Tax credits (see instructions)	21	
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	
23 Payments: a 2000 overpayment credited to 2001	23a	
b 2001 estimated tax payments	23b	
c Total	23c	
d Tax deposited with Form 7004	23d	
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
f Credit for Federal tax on fuels (attach Form 4136)	23f	
g Add lines 23c through 23f	23g	
24 Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	24	0
25 Overpayment. Subtract line 22 from line 23g	25	
26 Enter amount of line 25 you want: Credited to 2002 estimated tax	26	

Sign
Here

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 **James B. Roberts** Date **3/2/02** Title **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid
Preparer's
Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed)	EIN		