



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90034 005 \*\*\*\*61.25

<b>DOCUMENT # N94000001956</b> 1. Entity Name <b>THE ROBERTS SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O WILLIAM R. KORP, ESQ. 240 S PINAPPLE AVE SARASOTA, FL 34236</b>			Mailing Address <b>C/O WILLIAM R. KORP, ESQ. PO BOX 49948 SARASOTA, FL 34230</b>		
2. Principal Place of Business - No P.O. Box # <b>311 ROBERTS ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1806</b> Suite, Apt. #, etc.			
City & State <b>NOKOMIS FLA.</b>		City & State <b>NOKOMIS FLA.</b>		4. FEI Number <b>65-0563588</b>	
Zip <b>34275</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34274</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KORP, WILLIAM R. ESQ. 240 S PINEAPPLE AVE SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>ISAAC B. ROBERTS</b> Street Address (P.O. Box Number is Not Acceptable) <b>311 ROBERTS ROAD</b> City <b>NOKOMIS</b> <b>FL</b> Zip Code <b>34275</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Isaac B. Roberts</u> <b>ISAAC B. ROBERTS</b> <b>3/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, ISAAC B 331 ROBERTS ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DOROTHY B 331 ROBERTS ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, STEVEN 361 CEZANNE DRIVE OSPREY, FL 34229	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, MAGGIE 327 ROBERTS ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY STEVEN 331 ROBERTS ROAD NOKOMIS FL 34275	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY STEVEN 331 ROBERTS ROAD NOKOMIS FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY STEVEN 331 ROBERTS ROAD NOKOMIS FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY STEVEN 331 ROBERTS ROAD NOKOMIS FL 34275	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Isaac B. Roberts</u> <b>ISAAC B. ROBERTS Pres</b> <b>3/12/07</b> <b>941-488-6409</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					