

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90040 002 ****61.25

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1. Entity Name

THE ROBERTS SUBDIVISION HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
311 ROBERTS ROAD
NOKOMIS FL 34275

Mailing Address
311 ROBERTS ROAD
NOKOMIS FL 34275



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

ROBERTS, ISAAL B
311 ROBERTS ROAD
NOKOMIS FL 34275

Name *ISAAC B. ROBERTS*

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

311 ROBERTS ROAD

City *Nokomis*

FL

Zip Code *34275*

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 *Isaac B. Roberts*

ISAAC B. ROBERTS

3/9/08

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
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *ROBERTS, ISAAC B*
CITY-ST-ZIP *331 ROBERTS ROAD*
NOKOMIS FL 34275

TITLE ☒ Change ☐ Addition
NAME *P*
STREET ADDRESS *ROBERTS ISAAC B*
CITY-ST-ZIP *311 ROBERTS ROAD*
Nokomis FL 34275

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

TITLE ☒ Change ☐ Addition
NAME *D*
STREET ADDRESS *ROBERTS DOROTHY B*
CITY-ST-ZIP *311 ROBERTS ROAD*
Nokomis FL 34275

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *DAY, STEVEN*
CITY-ST-ZIP *331 ROBERTS ROAD*
NOKOMIS FL 34275

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

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *MCKAY, MAGGIE*
CITY-ST-ZIP *327 ROBERTS ROAD*
NOKOMIS FL 34275

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Isaac B. Roberts* *ISAAC B. ROBERTS* *PRESIDENT*

3/9/08 *941-488-6409*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #