

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90111 022 ****61.25



☐ CHECK HERE IF MAKING CHANGES

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
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2. Principal Place of Business 40 WILLIAM R Korp ESQ Suite, Apt. #, etc. 240 South PINEAPPLE AVE City & State SARASOTA Florida Zip 34236	3. Mailing Address 90 WILLIAM R Korp ESQ Suite, Apt. #, etc. PO BOX 49948 City & State SARASOTA Florida Zip 34230-6948
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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 KORP, WILLIAM R. ESQ
Street Address (P.O. Box Number is Not Acceptable) 240 SOUTH PINEAPPLE AVENUE
City SARASOTA FL Zip Code 34236

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: Signature of Robert F. D. 2/10/03 941-488-6409

CR2E037 (10/02)

Attachment 30034278
Doc. # W 94000001956

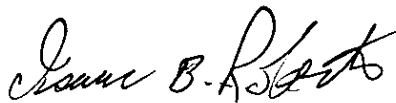
February 6, 2003

Roberts Subdivision Homeowners Assn. Inc. ID#65-0563588 Formed 4/18/94

The Roberts Subdivision Homeowners Association is not active and has no Income or expense during 2002.

Each property owner is required to maintain the easements along his or her property so there is no expense to the association.

Sincerely,


Isaac B. Roberts
P.O. box 1806
Nokomis Fl. 24274