

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000003007

1. Entity Name

ROBIN'S RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 11421
PENSACOLA FL 32524-1421

Mailing Address

P.O. BOX 11421
PENSACOLA FL 32524-1421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06 JUN -8 PM 12:18

SECRETARY OF STATE



1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3243027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, VICKI K
6020 SONGBIRD DR
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Ronda Easley

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

120 Redbreast Ln

City

Pensacola

FL

Zip Code

32503

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

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DYER, JOANN	
STREET ADDRESS	6059 SONGBIRD DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BELL, LEROY	
STREET ADDRESS	125 REDBREAST LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, MARY	
STREET ADDRESS	6024 SONGBIRD DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, VICKI K	
STREET ADDRESS	6020 SONGBIRD DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	9** 410--8810--90/02/90	
STREET ADDRESS	69058920006	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Ben	
STREET ADDRESS	112 Redbreast Ln	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Willoughby	
STREET ADDRESS	6039 Songbird Dr	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah Seelmann	
STREET ADDRESS	116 Redbreast Ln	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronda Easley	
STREET ADDRESS	120 Redbreast Ln	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicole Headington	
STREET ADDRESS	6000 Songbird Dr	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Kennedy	
STREET ADDRESS	6047 Songbird Dr	
CITY-ST-ZIP	Pensacola FL 32503	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronda Easley

4.14.06

850-484-4520

Date

Daytime Phone #