



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P06000145846 1. Entity Name ROBOLA BLUFFS HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 18 LANMAN RD. NICEVILLE, FL 32578	Mailing Address 18 LANMAN RD. NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE

	
03012008 No Chg-P CR2E034 (11/05)	
4. FEI Number 41-2220329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULDOWNNEY, DEANNA
18 LANMAN RD.
NICEVILLE, FL 32578

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGEE, THOMAS 383 LAKEVIEW DR. SANTA ROSA BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGEE, KAREN 383 LAKEVIEW DR. SANTA ROSA BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULDOWNNEY, DEANNA 18 LANMAN RD. NICEVILLE, FL 32578
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03/19/08-80033-007 150.00

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 607, 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:  **2-29-08 8506780066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #