

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000027038 (5)

1. Corporation Name

ROBINSHORE MULTI-FAMILY, INC.



Principal Place of Business

5800 NW 39TH AVE  
SUITE 101  
GAINESVILLE FL 32606-5865  
US

Mailing Address

5800 NW 39TH AVE  
SUITE 101  
GAINESVILLE FL 32606-5865  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1995

4. FEI Number

59-3309729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

32606-6972

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32606-6972

30

9. Name and Address of Current Registered Agent

ROBINSON, THOMAS A  
4121 NW 37TH PLACE SUITE A  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name

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

5800 NW 39TH AVE, STE 101

83

84 City

FL

85 Zip Code

32606-6972

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PSD  
ROBINSON, THOMAS A  
STREET ADDRESS  
5800 NW 39TH AVE., SUITE 101  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
VTD  
SHORE, FREDRIC R  
STREET ADDRESS  
580 NW 39TH AVE., SUITE 101  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
V  
GREER, JOHN W. III  
STREET ADDRESS  
5800 NW 39TH AVE., SUITE 101  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
V  
BOWERS, PAUL D.  
STREET ADDRESS  
5800 NW 39TH AVE., SUITE 101  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32606-6972

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

32606-6972

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32606-6972

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

3/22/98

352-371-1992

CR2E034 (10/97)