

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-04-2004 90004 049 ***150.00

DOCUMENT # V08064

1. Entity Name
RESIDENCES BY ROBERTA, INC.



Principal Place of Business
**C/O BOND, SCHOENECK & KING
4001 TAMiami TRAIL NORTH STE 404
NAPLES, FL 34103**

Mailing Address
**C/O BOND, SCHOENECK & KING
4001 TAMiami TRAIL NORTH STE 404
NAPLES, FL 34103**

66429038



2. Principal Place of Business
**c/o Porter, Wright, Morris
& Arthur;
5801 Pelican Bay Blvd.**

3. Mailing Address
**c/o Porter Wright, Morris
& Arthur
5801 Pelican Bay Blvd**

06142004 Chg-P CR2E034 (10/03)

City & State **Suite 300
Naples, FL 34108**

City & State **Suite 300
Naples, FL 34108**

4. FEI Number **65-0312927**
Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRONIN, DENNIS P. ESQ.
C/O BOND, SCHOENECK & KING
1167 THIRD STREET SOUTH
NAPLES, FL 33940**

7. Name and Address of New Registered Agent

Name **Dennis P. Cronin, Esquire**
Street Address (P.O. Box Number is Not Acceptable)
**c/o Porter, Wright, Morris & Arthur
5801 Pelican Bay Blvd., Suite 300**
City **Naples** FL **34108** Zip Code

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 **June 14, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STEINBERG, ROBERTA**
STREET ADDRESS **54 MISTY CRES**
CITY-ST-ZIP **NORTH YORK ONT, CA M3B 1T3**

TITLE **ST** ☐ Delete
NAME **TICK, LORNE**
STREET ADDRESS **54 MISTY CRES**
CITY-ST-ZIP **NORTH YORK ONT, CA M3B 1T3**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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: **LORNE TICK** **JUNE 18/04 4164449146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #