

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N23348** (8)
1. Corporation Name
ROBERTS LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
9238 MCDAVID CT.
PO BOX 435
GOTHA FL 34734

3. Date Incorporated or Qualified **11/06/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	<input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, CINDY
9238 MCDAVID COURT
WINDERMERE FL 34786

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD
NAME	CARTER, CINDY	1.2 NAME	PADWORNEY, NANCY
STREET ADDRESS	9238 MCDAVID CT	1.3 STREET ADDRESS	1650 ROBERTS LANDING RD.
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	SD	2.1 TITLE	
NAME	GADDIS, FRANCE	2.2 NAME	
STREET ADDRESS	1650 ROBERTS LANDING RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	COX, MARK	3.2 NAME	
STREET ADDRESS	9201 MCDAVID COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	STEVENS, CHERYL	4.2 NAME	
STREET ADDRESS	1715 ROBERTS LANDING RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	800001833238
NAME		5.2 NAME	-05/21/96--01152--047
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **CHERYL STEVENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 (407) 356-4867

CR2E037 (12/95)