

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23348** (8)  
1. Corporation Name  
**ROBERTS LANDING HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>9238 MCDAVID CT. PO BOX 435 GOTHA FL 34734</b>	Mailing Address <b>9238 MCDAVID CT. PO BOX 435 GOTHA FL 34734-0435</b>
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3. Date Incorporated or Qualified <b>11/06/1987</b>	3a. Date of Last Report <b>05/21/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>CARTER, CINDY 9238 MCDAVID COURT WINDERMERE FL 34786</b>	
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10. Name and Address of New Registered Agent 81 Name <b>SZATKOWSKI THOMAS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1805 ROBERTS LANDING RD</b> 83 84 City <b>WINDERMERE</b> FL 85 Zip Code <b>34786</b>	
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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  DATE **3/18/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARTER, CINDY 9238 MCDAVID CT WINDERMERE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD PADWORNEY, NANCY 1650 ROBERTS LANDING RD WINDERMERE FL 34786 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STEVENS, CHEYRL 1715 ROBERTS LANDING RD WINDERMERE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD SZATKOWSKI THOMAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1805 ROBERTS LANDING RD WINDERMERE FL 34786
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP BLICHFELDT PETER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9226 MCDAVID CT WINDERMERE FL 34786
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREASURER LOOMIS TERESA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1685 ROBERTS LANDING RD WINDERMERE FL 34786
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SECRETARY AGNEW MARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1716 ROBERTS LANDING RD WINDERMERE FL 34786
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **3/7/97** (407) 2959538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0069706

CR2E037 (9/96)