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Mar 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
**9236 MCDAVID CT.
PO BOX 435
GOTHA FL 34734**

3. Date Incorporated or Qualified

11/06/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SZATKOWSK, THOMAS
1805 ROBERTS LANDING RD
WINDERMERE FL 34786**

81 Name

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

83

84 City

FL

85 Zip Code

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** ☐ DELETE

NAME **SZATKOWSKI, THOMAS**
STREET ADDRESS **1805 ROBERTS LANDING RD**
CITY-ST-ZIP **WINDERMERE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VPD** ☐ DELETE

NAME **BLICHFELDT, PETER**
STREET ADDRESS **9226 MCDAVID CT**
CITY-ST-ZIP **WINDERMERE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **LOOMIS, TERESA**
STREET ADDRESS **1685 ROBERTS LANDING RD**
CITY-ST-ZIP **WINDERMERE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **AGNEW, MARY**
STREET ADDRESS **1716 ROBERTS LANDING RD**
CITY-ST-ZIP **WINDERMERE FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE: *Thomas Szatkowski* **Thomas Szatkowski** 2-26-98 407 295-9538

CP2E037 (10/97)