FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23348

Corporation Name

ROBERTS LANDING HOMEOWNERS' ASSOCIATION, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address 9238 MCDAVID CT. PO BOX 435 GOTHA FL 34734

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27



03-09-1999 90072 024 ****61.25



3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

11/06/1987

4. FEI Number

3]2	8				<u> </u>				3 TOQU	
Zip				ntry		6. Election Campaign Fina	-			00 м	•
4	25 2	`	30			Trust Fund Contribution	· · · · · ·			led to	Fees
Name and Address of Current Registered Agent						10. Name and Address of	New Reg	gistered A	gent		
				81 N	lame						
SZATKOWSK, THOMAS				82 S	treet Addre	ss (P.O. Box Number is Not /	Acceptabl	e)			
1805 ROBERTS LANDING RD											
WINDERM	ERE FL 34786			83							
				84 C	City				85	Zip Co	de
					•	·		FL			
office or r	to the provisions of Sections 617.0502 an egistered agent, or both, in the State of FI m familiar with, and accept the obligations	orida. Such change was at	uthorized	l by the	amed corpo corporation	ration submits this statement n's board of directors. I hereb	for the pu y accept t	urpose of o the appoin	tment a	g its re is regi:	gistered stered
SIGNATURE	·							DATE			
42	Signature, typed or printed name of registered agent and	``	Registered 13.	Agent sig	nature required	when reinstating) ADDITIONS/CHANGES	TO OFFI	DATE CERS ANI	DIRF	CTOR	S IN 12
TITLE	OFFICERS AND DI	DELETE	1.1 TIT	п£		ADDITIONOLONINGES	, 5 5, 7, 10		Char		Addition
	PD CZATKOWICKI THOMAS	EJ DELETE	1.7 U							-	_
NAME	SZATKOWSKI, THOMAS				DDESS						
STREET ADDRESS	1805 ROBERTS LANDING RD			REETADI							
CITY-ST-ZIP	WINDERMERE FL	☐ DELETE		TY-ST-ZIF	-	<u> </u>			Char	nge	Addition
TITLE	VPD	□ oere ie	2.1 TII				•			.go	
NAME	BLICHFELDT, PETER		2 2 NA								
STREET ADDRESS				REET ADO							_
CITY-ST-ZIP	WINDERMERE FL		_	ITY-ST-ZI	IP				☐ Chai	200	Addition
TITLE	TD	☐ DELETÉ	3.1 TIT							nge	
NAME	LOOMIS, TERESA		3.2 NA								
STREET ADDRESS	1685 ROBERTS LANDING RD		3.3 ST	REET ADI	DRESS						
CITY-ST-ZIP	WINDERMERE FL			ITY-ST-ZI	IP						C Addition
TITLE	S	☐ DELETE	4.1 TD	TLE					Cha	nge	Addition
NAME	AGNEW, MARY		4. 2 N	AME			•				
STREET ADDRESS	1716 ROBERTS LANDING RD		4.3 ST	TREET AD	DRESS						
CITY-ST-ZIP	WINDERMERE FL		4.4 CI	TY-ST-ZII	Р						- 1100
TITLE		☐ DELETE	5.1 TIT	-					Chai	nge	☐ Addition
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET ADI	DRESS						
CITY-ST-ZIP				TY-ST-Zli	P						
TITLE		☐ DELETE	6.1 TI	TLE					Cha	nge	☐ Addition
NAME .			6.2 NA	AME							
STREET ADDRESS			6.3 ST	TREET ADI	DRESS						
CITY-ST-ZIP				TY-ST-ZII							
14. I hereby	certify that the information supplied with the	s filing does not qualify for	the exe	mption	stated in Se	ection 119.07(3)(i), Florida St	atutes. I fi	urther cert	ify that	the inf	ormation

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daylor

:R2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable