

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N23348**

1. Entity Name

ROBERTS LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

9238 MCDAVID CT.
PO BOX 435
GOTHA FL 34734

Mailing Address

9238 MCDAVID CT.
PO BOX 435
GOTHA FL 34734-0435

2. Principal Place of Business

3. Mailing Address

~~(delete)~~ 9238 McDavid Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(use only) P.O. Box 435

City & State

City & State

Gotha, FL

Zip

Country

Zip

Country

34734-0435

US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SZATKOWSK, THOMAS
1805 ROBERTS LANDING RD
WINDERMERE FL 34786

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SZATKOWSKI, THOMAS	
STREET ADDRESS	1805 ROBERTS LANDING RD	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BLICHFELDT, PETER	
STREET ADDRESS	9226 MCDAVID CT	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOOMIS, TERESA	
STREET ADDRESS	1685 ROBERTS LANDING RD	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	AGNEW, MARY	
STREET ADDRESS	1716 ROBERTS LANDING RD	
CITY-ST-ZIP	WINDERMERE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:**SIGNATURE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90117 032 ****61.25

00002863



DO NOT WRITE IN THIS SPACE