

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$286.25.)

**FILED**

97 MAY -2 AM 9:15

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996 7  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 736618 (0)**  
 1. Corporation Name  
**ROYAL PALM HARBOR ASSOCIATION**

Principal Place of Business Mailing Address  
**1248 NORTHPORT DRIVE 1248 NORTHPORT DRIVE**  
**SARASOTA FL 34242 SARASOTA FL 34242**

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 ZIP Country ZIP Country  
 24 25 29 30

3. Date incorporated or Qualified 3a. Date of Last Report  
**08/18/1976 04/30/1996**  
 4. FEI Number Applied For  
**59-1712139 Not Applicable**  
 5. Certificate of Status Desired \$8.75 Additional Fee Required  
 6. Election Campaign Financing \$5.00 May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes  No

9. Name and Address of Current Registered Agent  
**KAISER, W. M.**  
**1248 NORTHPORT DRIVE**  
**SARASOTA FL 34242**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 ZIP

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) Date \_\_\_\_\_  
 Signature, typed or printed name of registered agent and file # if applicable.

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOOTE, JAMES	
STREET ADDRESS	1216 NORTHPORT DR.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DONNELLAN, NANCY	
STREET ADDRESS	1275 SOUTHPORT DR.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIP, MRS EDWARD ST	
STREET ADDRESS	1264 NORTHPORT DR.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAISER, W.M.	
STREET ADDRESS	1248 NORTHPORT DR.	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARKS, LINDA	
STREET ADDRESS	1291 SOUTHPORT DR.	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVITT, ROBERT B	
STREET ADDRESS	1201 SOUTHPORT DR.	
CITY-ST-ZIP	SARASOTA, FL 34242	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REED, THOMAS	
1.3 STREET ADDRESS	1219 SOUTHPORT DR	
1.4 CITY-ST-ZIP	SARASOTA FL 34242	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VANNATTA, RUSSELL	
2.3 STREET ADDRESS	1211 SOUTHPORT DR	
2.4 CITY-ST-ZIP	SARASOTA FL 34242	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	100002175001--2	
4.4 CITY-ST-ZIP	-05/12/97--01100--003	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MCCLELLAND, CAROLYN	
6.3 STREET ADDRESS	1267 SOUTHPORT DR	
6.4 CITY-ST-ZIP	SARASOTA FL 34242	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(4), 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: W.M. Kaiser Date: 4/30/97 Daytime Phone #: 941-349-2731  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*AO*