

**2002 UNIFORM BUSINESS REPORT (UBR)**

2.

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90042 041 \*\*\*\*61.25

**DOCUMENT # 736618**

1. Entity Name

**ROYAL PALM HARBOR ASSOCIATION**

Principal Place of Business

Mailing Address

1275 SOUTHPORT DRIVE  
 SARASOTA FL 34242

1275 SOUTHPORT DRIVE  
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1712139

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DONNELLAN, ROBERT I**  
 1275 SOUTHPORT DRIVE  
 SARASOTA FL 34242

Name  
**TAUBE L. LEVITT, Treasurer**  
 Street Address (P.O. Box Number is Not Acceptable)

**1201 Southport Dr.**

City **SARASOTA** FL Zip Code **34242**

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 *Taubel Levitt, Treasurer*

DATE **2/1/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD**  Delete  
 NAME **HAYS, JOHN**  
 STREET ADDRESS **1224 NORTHPORT DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D**  Change  Addition  
 NAME **DAVID Seaman**  
 STREET ADDRESS **1221 Southport Dr**  
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **PD**  Delete  
 NAME **SCHRAMM, JOSEPH**  
 STREET ADDRESS **1232 NORTH PORT DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D**  Change  Addition  
 NAME **Vice President Russel KLAUSNER**  
 STREET ADDRESS **1216 Northport Dr.**  
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **VD**  Delete  
 NAME **LEVITT, ROBERT B**  
 STREET ADDRESS **1201 SOUTH PORT DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D**  Change  Addition  
 NAME **Secretary Holly Schramm**  
 STREET ADDRESS **1232 Northport Dr**  
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE **TD**  Delete  
 NAME **DONNELLAN, ROBERT I**  
 STREET ADDRESS **1275 SOUTHPORT DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D**  Change  Addition  
 NAME **Treasurer TAUBE L LEVITT**  
 STREET ADDRESS **1201 Southport Dr.**  
 CITY-ST-ZIP **SARASOTA, FL. 34242**

TITLE **D**  Delete  
 NAME **GRAY, LESLIE**  
 STREET ADDRESS **1280 NORTHPORT DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D**  Change  Addition  
 NAME **Representative Herbert Roseman**  
 STREET ADDRESS **1200 Northport Fl**  
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Representative Pete Peterson**  
 STREET ADDRESS **1251 Southport Dr**  
 CITY-ST-ZIP **SARASOTA, FL 34242**

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:

*Taubel Levitt, Treasurer* 2/1/02

941-388-3966  
 Daytime Phone #

CR2E037 (9/01)