

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749621 (9)
1. Corporation Name
ROYAL SINGAPORE LAKE TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 170085
MIAMI FL 33017-7085**

Mailing Address
**P.O. BOX 170085
MIAMI FL 33017-7085**

3. Date Incorporated or Qualified
11/01/1979

3a. Date of Last Report
06/14/1995

4. FEI Number
59-2066582

Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**BEAVERS, R. D.
19621 WEST LAKE DRIVE
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name **Sandy Jacobus**
82 Street Address (P.O. Box Number is Not Acceptable)
19615 West Lake Dr.
83
84 City **Miami** **FL** **85** Zip Code **33015-2242**

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 **Sandy Jacobus Treas.** **Sandy Jacobus** **2-1-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARINO, ROBERT M.	
STREET ADDRESS	7300 COLDSTREAM DR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PECTOR, BARBARA	
STREET ADDRESS	19636 W. LAKE DR.	
CITY-ST-ZIP	HALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLLANDER, MARGE	
STREET ADDRESS	19700 E LAKE DR.	
CITY-ST-ZIP	HALEAH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEAVERS, R. D.	
STREET ADDRESS	19621 WEST LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sandy Jacobus	
1.3 STREET ADDRESS	19615 West Lake Dr.	
1.4 CITY-ST-ZIP	Miami FL 33015	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input 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		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: **Sandy Jacobus Treas.** **2/1/96** **305-829-6304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)