

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749621

1. Entity Name

ROYAL SINGAPORE LAKE TOWNHOUSE ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90090 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 170085  
MIAMI FL 33017-7085

P.O. BOX 170085  
MIAMI FL 33017-0085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2066582

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

NEYROWITZ, ANDREW  
C/O D.C.I.  
2901 SIMMS ST  
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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 \$61.25**

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 YD ☒ Delete  
NAME LOPEZ, RAMON  
STREET ADDRESS 19821 W LAKE DR  
CITY-ST-ZIP HIALEAH FL 33015

TITLE YD ☒ Change ☐ Addition  
NAME SEILER, CONNIE  
STREET ADDRESS 7300 Coldstream  
CITY-ST-ZIP Hialeah, FL 33015

TITLE VPD ☒ Delete  
NAME BIXBY, PAT- LAVERNE  
STREET ADDRESS 19436 W LAKE DR  
CITY-ST-ZIP HIALEAH FL 33015

TITLE VPD ☒ Change ☐ Addition  
NAME Lippincott, Judy  
STREET ADDRESS 7310 Coldstream  
CITY-ST-ZIP Hialeah, FL 33015

TITLE SD ☐ Delete  
NAME BLOMBERG, PATRICIA  
STREET ADDRESS 7376 COLD STREAM  
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME DREISIN, JEROME  
STREET ADDRESS 19516 W LAKE DR  
CITY-ST-ZIP HIALEAH FL 33015

TITLE PD ☒ Change ☐ Addition  
NAME O'Zee, Beverly  
STREET ADDRESS 19525 E. Lake  
CITY-ST-ZIP Hialeah, FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/99)