

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 749621**

1. Entity Name

**ROYAL SINGAPORE LAKE TOWNHOUSE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 170085  
MIAMI FL 33017-7085P.O. BOX 170085  
MIAMI FL 33017-7085

2. Principal Place of Business

3. Mailing Address

P.O. Box 22763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City & State  
Hialeah, FL

4. FEI Number

59-2066582

Applied For

Not Applicable

Zip

Country

Zip  
33002Country  
USA5. 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

HAM, RALPH M  
YEAR ROUND MANAGEMENT CO.  
8431 DUNDEE TER  
MIAMI LAKES FL 33016

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
YD  
SEILER, CONNIE  
7300 COLDSTREAM  
HIALEAH FL 33015 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
LIPPINCOTT, JUDY  
7310 COLDSTREAM  
HIALEAH FL 33015 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BLOMBERG, PATRICIA  
7376 COLD STREAM  
HIALEAH FL 33015 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
O'ZEE, BEVERLY  
19525 E LAKE  
HIALEAH FL 33015 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Tysinger, Phil  
19445 West Lake Drive  
Hialeah, FL 33015 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Walsh, Camelia  
7330 Clodstream Drive  
Hialeah, FL 33015 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90083 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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continue...

Hehn, Laureen  
7370 Coldstream Road  
Hialeah, FL 33015

ADDITION