

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 749621**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

**P O BOX 22763  
HIALEAH FL 33002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

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

7. Name and Address of New Registered Agent

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

TITLE **YD** ☐ Delete  
NAME **SEILER, CONNIE**  
STREET ADDRESS **7300 COLDSTREAM**  
CITY-ST-ZIP **HIALEAH FL 33015**TITLE **VPD** ☐ Delete  
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 **PD** ☐ Delete  
NAME **O'ZEE, BEVERLY**  
STREET ADDRESS **19525 E LAKE**  
CITY-ST-ZIP **HIALEAH FL 33015**TITLE **D** ☐ Delete  
NAME **TYSINGER, PHIL**  
STREET ADDRESS **19445 WEST LAKE DRIVE**  
CITY-ST-ZIP **HIALEAH FL 33015**TITLE **D** ☐ Delete  
NAME **WALSH, CAMELIA**  
STREET ADDRESS **7330 CLODSTREAM DRIVE**  
CITY-ST-ZIP **HIALEAH FL 33015**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90641 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)