

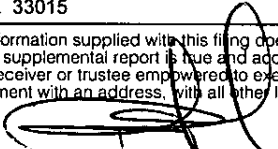


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90031 015 \*\*\*\*61.25

<b>DOCUMENT # 749621</b>					
<b>1. Entity Name</b> ROYAL SINGAPORE LAKE TOWNHOUSE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8053 NW 155 ST MIAMI LAKES, FL-33016		<b>Mailing Address</b> 8053 NW 155 ST MIAMI LAKES, FL 33016		  01062004 Chg-NP CR2E037 (10/03)	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2066582	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HAM, RALPH M 8053 NW 155 ST MIAMI LAKES, FL 33016			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPPINCOTT, JUDY		NAME		
STREET ADDRESS	7310 COLDSTREAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARDAWILL, RIMA C		NAME		
STREET ADDRESS	19606 WEST LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33015		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEILER, CONNIE		NAME		
STREET ADDRESS	7300 COLDSTREAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33016		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'ZEE, BEVERLY		NAME	DIRECTOR	
STREET ADDRESS	19525 E LAKE		STREET ADDRESS	GERRY MCCLELLAN	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	19430 EAST LAKE DRIVE	
				MIAMI, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TYSINGER, PHIL		NAME	DIRECTOR	
STREET ADDRESS	19445 WEST LAKE DRIVE		STREET ADDRESS	KATHRYN MCADAM-MOMUYA	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	19620 EAST LAKE DRIVE	
				MIAMI, FL 33015	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, CAMELIA		NAME		
STREET ADDRESS	7330 CLODSTREAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: <b>3/4/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

SEE AN PARK