

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90177 033 ****61.25

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

8053 NW 155 ST
Suite, Apt. #, etc.

3. Mailing Address

8053 NW 155 ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number 59-2066582

Applied For
☐ Not Applicable

Zip 33016 **Country** U.S.A.

Zip 33016 **Country** U.S.A.

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

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

Name YEAR ROUND MANAGEMENT CO.
Street Address (P.O. Box Number is Not Acceptable) 8053 NW 155 ST
City MIAMI LAKES **FL** **Zip Code** 33016

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 04/09/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE YD ☐ Delete
NAME SEILER, CONNIE
STREET ADDRESS 7300 COLDSTREAM
CITY-ST-ZIP HIALEAH FL 33015

TITLE P ☒ Change ☐ Addition
NAME JUDY LIPPINCOTT
STREET ADDRESS 7310 Coldstream Drive
CITY-ST-ZIP MIAMI FL 33015

TITLE VPD ☐ Delete
NAME LIPPINCOTT, JUDY
STREET ADDRESS 7310 COLDSTREAM
CITY-ST-ZIP HIALEAH FL 33015

TITLE V ☐ Change ☒ Addition
NAME RIMA C. BARDAWILL
STREET ADDRESS 19606 WEST LAKE DRIVE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE T ☒ Change ☐ Addition
NAME CONNIE SEILER
STREET ADDRESS 7300 COLDSTREAM DRIVE
CITY-ST-ZIP MIAMI FL 33016

TITLE PD ☒ Delete
NAME O'ZEE, BEVERLY
STREET ADDRESS 19525 E LAKE
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ Change ☒ Addition
NAME KATHRYN McAdam
STREET ADDRESS 19620 EAST LAKE DRIVE
CITY-ST-ZIP MIAMI FL 33016

TITLE D ☒ Delete
NAME TYSINGER, PHIL
STREET ADDRESS 19445 WEST LAKE DRIVE
CITY-ST-ZIP HIALEAH FL 33015

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

TITLE D ☐ Delete
NAME WALSH, CAMELIA
STREET ADDRESS 7330 CLODSTREAM DRIVE
CITY-ST-ZIP HIALEAH FL 33015

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]* 4/12/03 305-857-9008

CR2E037 (10/02)