


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 750260 (2)</b> 1. Corporation Name <b>ROYAL MANOR VILLAS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>52 E. South Street Orlando, FL 32801</b>		Mailing Address <b>52 E. South Street Orlando, FL 32801</b>	
2. Principal Place of Business <b>21 52 E. South Street</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 52 E. South Street</b> Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 Orlando, FL</b> Zip <b>24 32801</b>		City & State <b>28 Orlando, FL</b> Zip <b>29 32801</b>	
Country <b>25 Orange</b>		Country <b>30 Orange</b>	
3. Date Incorporated or Qualified <b>12/17/1979</b>		3a. Date of Last Report <b>04/20/1995</b>	
4. FEI Number <b>59-1957419</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DON ASHER &amp; ASSOCIATES, INC. 52 EAST SOUTH STREET ORLANDO, FL 32801</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	GREEN, NORMA		
STREET ADDRESS	3131 STONECASTLE ROAD		
CITY - ST - ZIP	ORLANDO, FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	STRACHAN, GAIL		
STREET ADDRESS	8224 FRAM COURT		
CITY - ST - ZIP	ORLANDO, FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FLYNN, LOUISE		
STREET ADDRESS	3136 STONECASTLE ROAD		
CITY - ST - ZIP	ORLANDO, FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	SCHEIB, SUSAN		
STREET ADDRESS	3064 DREYFUSHIRE BLVD.		
CITY - ST - ZIP	ORLANDO, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	KEY, LINDSEY		
STREET ADDRESS	7905 GUARDSMAN STREET		
CITY - ST - ZIP	ORLANDO, FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	SILVER, JUDY		
STREET ADDRESS	3010 DREYFUSHIRE BLVD.		
CITY - ST - ZIP	ORLANDO, FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Susan R. Scheib</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>SUSAN R. Scheib</b>		Date: <b>4/10/97</b> Daytime Phone: <b>425-4561</b>	

CR2E037 (9/96)