

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90105 015 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 750260**

1. Corporation Name  
**ROYAL MANOR VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
 52 E. SOUTH STREET  
 ORLANDO FL 32801

Mailing Address  
 52 E. SOUTH STREET  
 ORLANDO FL 32801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1979</b>	
21		26		4. FEI Number <b>59-1957419</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28			
Zip Country		Zip Country			
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DON ASHER &amp; ASSOCIATES, INC.</b> <b>52 EAST SOUTH STREET</b> <b>ORLANDO FL 32801</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRED TOKARSKY</b>	1.2 NAME	
STREET ADDRESS	<b>3031 BOWMASTER CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIKE STANLEY</b>	2.2 NAME	<b>SEDLAK, MARYANNE</b>
STREET ADDRESS	<b>3147 LORREY LN</b>	2.3 STREET ADDRESS	<b>3112 STONECASTLE ROAD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLYNN, LOUISE</b>	3.2 NAME	<b>LAWSON, EVELYN</b>
STREET ADDRESS	<b>3136 STONECASTLE RD</b>	3.3 STREET ADDRESS	<b>7853 COUNTY DOWN COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHEIB, SUSAN</b>	4.2 NAME	
STREET ADDRESS	<b>3064 DREYFUSHIRE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA LASKY</b>	5.2 NAME	
STREET ADDRESS	<b>7911 GUARDSMAN ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LISA SUGGS</b>	6.2 NAME	<b>BOVE, RALPH</b>
STREET ADDRESS	<b>7926 STONECASTLE RD</b>	6.3 STREET ADDRESS	<b>3142 DREYFUSHIRE BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	6.4 CITY-ST-ZIP	<b>ORLANDO, FL 32822</b>

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-22-99 407-275-0689  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)