

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90185 031 ****61.25

DOCUMENT # 750260

1. Entity Name

ROYAL MANOR VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

52 E. SOUTH STREET
 ORLANDO FL 32801

52 E. SOUTH STREET
 ORLANDO FL 32801-3308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1957419

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DON ASHER & ASSOCIATES, INC.
52 EAST SOUTH STREET
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FRED TOKARSKY	
STREET ADDRESS	3031 BOWMASTER CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEDLAK, MARYANNE	
STREET ADDRESS	3112 STONECASTLE RD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, EVELYN	
STREET ADDRESS	7853 COUNTRY DOWN COURT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHEIB, SUSAN	
STREET ADDRESS	3064 DREYFUSHIRE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATRICIA LASKY	
STREET ADDRESS	7911 GUARDSMAN ST	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVE, RALPH	
STREET ADDRESS	3142 DREYFUSHIRE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Whatley	Director
STREET ADDRESS	3010 Stonecastle	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Taylor	Director
STREET ADDRESS	3110 Larry Ln.	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Ledbetter	Director
STREET ADDRESS	3122 Larry Ln	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan Scheib

April 10, 2000 (407) 839-0866

CR2E037 (9/99)