

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90039 028 ****61.25

DOCUMENT # 750260

1. Entity Name

ROYAL MANOR VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1633 E. VINE STREET
 SUITE 110
 KISSIMMEE FL 34744**

**1633 E. VINE STREET
 SUITE 110
 KISSIMMEE FL 34744**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LELAND MANAGEMENT, INC.
 1633 E. VINE STREET
 SUITE 110
 KISSIMMEE FL 34744**

Name

Rebecca Furlow

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

Rebecca Furlow

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **FRED TOKARSKY**
 CITY-ST-ZIP **3031 BOWMASTER CT
 ORLANDO FL 32822**

TITLE **VP** ☐ Change ☒ Addition
 NAME **JOYCE WHATLEY**
 STREET ADDRESS **3016 STONECASTLE RD**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **DIR** ☐ Delete
 NAME **SEDRAK, MARYANNE**
 STREET ADDRESS **3112 STONECASTLE RD.**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dee STAGB**
 STREET ADDRESS **7829 COUNTY DOWN COURT**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAWSON, EVELYN**
 CITY-ST-ZIP **7853. COUNRTY. DOWN. COURT.
 ORLANDO FL 32822**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SCHEIB, SUSAN**
 CITY-ST-ZIP **3064 DREYFUSHIRE BLVD.
 ORLANDO FL 32822**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **PATRICIA LASKY**
 CITY-ST-ZIP **7911 GUARDSMAN ST
 ORLANDO FL 32822**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Susan Scheib Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 407-839-0866

Date

Daytime Phone #

CR2E037 (9/01)