


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90099 029 ****61.25

DOCUMENT # 750260
 1. Entity Name
ROYAL MANOR VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1633 E. VINE STREET
 SUITE 110
 KISSIMMEE, FL 34744**

Mailing Address
**1633 E. VINE STREET
 SUITE 110
 KISSIMMEE, FL 34744**

44029472



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1957419

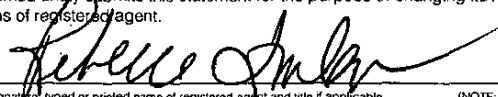
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FURLOW, REBECCA
 1633 E. VINE STREET
 SUITE 110
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent
 Name **Leland Management**
 Street Address (P.O. Box Number is Not Acceptable)
1633 E. Vine St. Suite 110
 City **Kissimmee** **FL** Zip Code **34744**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

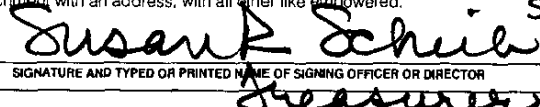
10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	FRED TOKARSKY	
STREET ADDRESS	3031 BOWMASTER CT	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	SEDLAK, MARYANNE	
STREET ADDRESS	3112 STONECASTLE RD.	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	LAWSON, EVELYN	
STREET ADDRESS	7853 COUNTRY DOWN COURT	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	T SCHEIB, SUSAN	
STREET ADDRESS	3064 DREYFUSHIRE BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/> Delete
NAME	PATRICIA LASKY	
STREET ADDRESS	7911 GUARDSMAN ST	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	D WHATLEY, JOYCE	
STREET ADDRESS	3016 STONECASTLE RD	
CITY-ST-ZIP	ORLANDO, FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Fred Tokarsky	
STREET ADDRESS	3031 Bowmaster Ct.	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	S Sedlak, Maryanne	
STREET ADDRESS	3112 Stonecastle Rd.	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Y Lawson, Evelyn	
STREET ADDRESS	7853 Country Down Ct.	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	P Patricia Lasky	
STREET ADDRESS	7911 Guardsman St.	
CITY-ST-ZIP	Orlando FL 32822	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Susan Scheib** **Treasurer**

Date **3/15/04** Daytime Phone # **407-619-0446**