


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90316 034 \*\*\*\*61.25

<b>DOCUMENT # 750260</b> 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		
2. Principal Place of Business 8009 S. Orange Ave Suite, Apt. #, etc.		3. Mailing Address 8009 S. Orange Ave Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL			
Zip 32809		Country USA		4. FEI Number 59-1957419	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  LELAND MANAGEMENT 1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name: Leland Management Inc. Street Address (P.O. Box Number is Not Acceptable) 8009 S. Orange Ave City: Orlando FL Zip Code: 32809		
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRED TOKARSKY 3031 BOWMASTER CT ORLANDO, FL 32822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEDLAK, MARYANNE 3112 STONECASTLE RD. ORLANDO, FL 32822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWSON, EVELYN 7853 COUNTRY DOWN COURT ORLANDO, FL 32822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHEIB, SUSAN 3064 DREYFUSHIRE BLVD. ORLANDO, FL 32822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA LASKY 7911 GUARDSMAN ST ORLANDO, FL 32822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHATLEY, JOYCE 3016 STONECASTLE RD ORLANDO, FL 32822	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shepard, Sandra 7919 Trippence Lane Orlando FL 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			

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* 4/18/05 407-619-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #