


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90386 011 ****61.25

0061143

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	
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FURLOW, REBECCA 1633 E. VINE STREET SUITE 110 KISSIMMEE FL 34744		Name Street Address (P.O. Box Number is Not Acceptable) City State: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRED TOKARSKY 3031 BOWMASTER CT ORLANDO FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SONDRA SHEPARD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1919 THRIPPANCE LANE ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B VP SEDLAK, MARYANNE <input type="checkbox"/> Delete 3112 STONECASTLE RD. ORLANDO FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, EVELYN <input type="checkbox"/> Delete 7853 COUNTRY DOWN COURT ORLANDO FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHEIB, SUSAN <input type="checkbox"/> Delete 3064 DREYFUSHIRE BLVD. ORLANDO FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICIA LASKY <input type="checkbox"/> Delete 7911 GUARDSMAN ST ORLANDO FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHATLEY, JOYCE <input type="checkbox"/> Delete 3016 STONECASTLE RD ORLANDO FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)