

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90027 046 ****61.25

DOCUMENT # 762163

1. Entity Name

THE TRAILS AT ROYAL PALM BEACH, INC.

Principal Place of Business

Mailing Address

A.M. RESOURCES
 707 S. CHILLINGWORTH DR
 WEST PALM BCH FL 33409
 US

AM RESOURCES
 PO BOX 7184
 W.P.B. FL 33405-7184
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5100 S. Dixie Hwy.
 Suite, Apt. #, etc.
Ste. 10

3. Mailing Address

P.O. Box 7610
 Suite, Apt. #, etc.

City & State

W. Palm Beach

City & State

W. Palm Beach

4. FEI Number

59-2191632

Applied For

Not Applicable

Zip

Country

33405

Palm Beach

Zip

Country

33405

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LADWIG, PATTI H.
1645 PALM BEACH LAKES BLVD.
SUITE 1010
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNDT, BERTHA 409 LAKEVIEW DR. EAST RPB FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, GERALDINE 206 LAKEVIEW DRIVE EAST ROYAL PALM BCH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALLOR, JEANETTE 2401 LAKEVIEW CIRCLE ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMMS, EDWARD 201 LAKEVIEW DR. E. ROYAL PALM BCH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENELLA, VINCE 208 LAKEVIEW DRIVE EAST ROYAL PALM BCH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, JOYCE 1408 LAKEVIEW DR. EAST RPB, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MONA 1210 LAKEVIEW DR. EAST RPB, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURDETTE, JENNIFER 604 LAKEVIEW DR. EAST RPB, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATZELL, MARTIN 1203 LAKEVIEW DR. EAST RPB, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: X [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.2000
 Date Daytime Phone #

169617-210 (9/99)