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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769730** (3)
1. Corporation Name
ROYAL OAKS HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1983	3a. Date of Last Report 01/19/1994
4. FEI Number 65-0028506	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
C/O R. O. LOVELL 1498 WEST 84TH STREET HIALEAH FL 33014		C/O R. O. LOVELL 1498 WEST 84TH STREET HIALEAH FL 33014	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
Zip	Country	29	30


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOVELL, R. O. 1498 WEST 84TH STREET HIALEAH FL 33014		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, R. O.	1.2 NAME	
STREET ADDRESS	7545 WEST 20TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMKER, SHIRLEY	2.2 NAME	
STREET ADDRESS	1498 W. 84 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	
TITLE	SDT	3.1 TITLE	DECEASED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, E.B.	3.2 NAME	
STREET ADDRESS	7560 WEST 19TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ASST. SD
STREET ADDRESS		4.3 STREET ADDRESS	WHITE, VALERIE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1498 West 84th Street Hialeah, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ASST. TD
STREET ADDRESS		5.3 STREET ADDRESS	LOVELL, ROSE A.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1498 West 84th Street Hialeah, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  R. O. LOVELL, PRESIDENT 2/10/95
Signature and typed or printed name of signing officer or director