

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90310 014 \*\*\*\*61.25

**DOCUMENT # 770771**

1. Entity Name

**ROYAL PALM OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5899 WHITFIELD  
 SUITE 107  
 SARASOTA FL 34243  
 US

5899 WHITFIELD  
 SUITE 107  
 SARASOTA FL 34243  
 US

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

**59-2388439**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMI - ADVANCED MANAGEMENT**  
**5899 WHITFIELD AVE. SUITE 107**  
**SARASOTA FL 34243**

Name

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

City

**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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	S MACCONNELL, MARILYN 5354 ROYAL PALM AVENUE SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	VPD HARTKOFF, RUDOLF 5312 ROYAL PALM AVENUE SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPD TIMOTHY R. ARVIDSON 5328 ROYAL PALM SARASOTA, FL 34234
<input type="checkbox"/> Delete	VPD WILUTH, TIBER 5358 ROYAL PALM AVE SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TD BALDWIN, VIRGINIA 5308 ROYAL PALM AVENUE SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	DP WUERTZ, MICHAEL 5330 ROYAL PALM AVE. SARASOTA FL 34234	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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:** *MICHAEL WUERTZ*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/2001 941-359-1134*  
 DATE DAYTIME PHONE #

CR2E037 (10/00)