

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-13-2002 90205 037 ****61.25

DOCUMENT # N00000005877

1. Entity Name

ROYAL SEASTA OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8 COMMERCE ROAD
DESTIN FL 32541****PO BOX 1785
DESTIN FL 32540**

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**BLUE, ROB JR
221 MCKENZIE AVE
PANAMA CITY FL 32401**

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 \$81.259. 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

TITLE ☐ Delete
 NAME **D LINN, JEFF R**
 STREET ADDRESS **608 BEACH DRIVE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D MACOOL, WAYNE**
 STREET ADDRESS **1986 OLD HIGHWAY 98 ROYAL SEASTA #9**
 CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPSD TINDLE, TIM**
 STREET ADDRESS **20 N BLUE HERON DR BOX 3**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2002

850-837-8474

Date

Daytime Phone #

CR2E037 (9/01)



Attachment # N 00000005897 / 173581
2002 Florida Intangible Personal Property Tax Return for Corporation,
Partnership, and Fiduciary Filers as of January 1, 2002

Filing Status CORP
Address Changes

CCH1
DR-601C
R. 01/02

8209000301023015035936706204

FEIN 59-3670620

Amended Return
Bank/Trust

Name

Name ROYAL SEAESTA HOMEOWNERS ASSOCIATIO

Address PO BOX 1785

City/State/ZIP DESTIN, FL 32540

DOR Use Only

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CLIENT COPY
PREPARED BY
SUSAN M. SURBER, P.A.

1. Accounts Receivable (See Instructions, Page 6)
2. Loans and Notes Receivable (From Schedule B, Line 14)
3. Bonds (From Schedule C, Line 15)
4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in Any Trust (From Sch D, Ln 16)
5. As Agent for Stockholders (From Schedule E, Line 17) Do not enter negative value
6. Total Taxable Intangible Assets (Total of Lines 1 through 5) Also enter on Line 1 of Tax calculation Worksheet
7. Tax Due (From Tax Calc Worksheet, Ln 3) If Ln 7 is less than \$60, no payment is due (File your return by TeleFile or Internet)
8. Credits (From Tax Credit Worksheet, Line C)
9. Total Tax Due (Subtract Line 8 from Line 7)
10. Discount (Jan. or Feb. -4%; March -3%; April -2%; May -1%; June -0%; if postmarked on or before the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday, or federal or state holiday. See Instr., Page 7)
11. Penalty and interest (See Instr., Page 7)
12. Voluntary Election Campaign Contribution (\$5 - See Instr., Page 7)
13. Total Due: (Enter here and on Line 13a of the Coupon below. See instructions, Page 7)
- 13a. Total Due from Line 13
- 13b. Less Amount Paid with Extension
- 13c. Total Due (Line 13a less Line 13b; U.S. funds only) The total due cannot be a negative number. If the total due is less than or equal to zero, enter "0". Any overpayment will be refunded automatically.

0.00

CLIENT COPY

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature of CPA SUSAN M. SURBER, P.A.	Date	Telephone No.	other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge. (ss: 199.232(2); 92.525(2); & 837.06, F.S.)
Signature of individual or firm preparing the return <i>Susan M. Wallace, CPA</i>	Date 02/19/02	Preparer's SSN or FEIN or PTIN 163-26-3149	

FEIN 59-3670620

Payment Coupon 2002 Florida Intangible Tax

Do Not Detach

DR-601C
R. 01/02
CCH1

144131
12-11-01

ROYAL SEAESTA HOMEOWNERS ASSOCIATION
PO BOX 1785
DESTIN, FL 32540

Return and Payment must be postmarked no later than June 30, 2002, to avoid Penalty and Interest.
☐ Check here if you transmitted funds electronically.
☒ Check here if you do not want the Department to send you a form next year.
Make Check Payable and Mail To:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0140

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