2002 UNIFORM BUSINESS REPORT (UBR)

4/7

FILED
Apr 28, 2002 8:00 am
Secretary of State
04-02-2002 90062 018 ****61.25

DOCUMENT # N01000000846

1. Entity Name

ROYAL ST. AUGUSTINE LOT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9440 PHILIPS HWY. STE 9 JACKSONVILLE FL 32256	9440 PHILIPS HWY. STE 9 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6028 CHESTER AVE	6028 CHESTER AVE
Suite, Apt. #, etc. # 202	Suite, Apt. #, etc. # 202
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip: 32217 Country: USA	Zip: 32217 Country: USA

4. FEI Number: 59-3697135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTGOMERY, MITCHELL R
9440 PHILIPS HWY, STE 9
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: PATRIC R. PENN
Street Address (P.O. Box Number is Not Acceptable): 6028 CHESTER AVE
SUITE 202
City: JACKSONVILLE FL Zip Code: 32217

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: _____ PATRIC R. PENN 3/20/02
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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTGOMERY, MITCHELL R 9440 PHILIPS HWY, STE 9 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 6028 CHESTER AVE #202 JACKSONVILLE, FL 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LIENWOHL, RONNIE 9440 PHILIPS HWY, STE 9 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 6028 CHESTER AVE #202 JACKSONVILLE, FL 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS HITE, PATSY 9440 PHILIPS HWY, STE 9 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 6028 CHESTER AVE #202 JACKSONVILLE, FL 32217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED RONNIE LIENWOHL 904-260-9183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #