

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001771

FILED
Jul 02, 2004
Secretary of State

Entity Name: MOUNT ROYAL AIRPARK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

136 WILLIAM BARTRAM DR.
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 297
WELAKA, FL 32193

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCOX, PAUL
136 WILLIAM BARTRAM DR.
WELAKA, FL 32193

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILCOX, C. PAUL
Address: 136 WILLIAM BARTRAM DR.
City-St-Zip: WELAKA, FL 32193

Title: DV () Delete
Name: BENTLEY, BILL
Address: 1422 PINE ISLAND DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: DST () Delete
Name: IZZARD, BOB
Address: PO BOX 164
City-St-Zip: WELAKA, FL 32193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB IZZARD

DST

07/02/2004

Electronic Signature of Signing Officer or Director

Date