2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# N01000001771

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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: P ( ) Delete
Name: BENTLELY, BILL
Address: 14221 PINE ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete
Name: HOUCHIN, DAVID
Address: PO BOX 75
City-St-Zip: WELAKA, FL 32193

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

Title: SEC ( ) Delete
Name: WILCOX, PAUL C
Address: PO BOX 297
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: T (X) Change ( ) Addition
Name: GROOVER, MORRIS
Address: PO BOX 117
City-St-Zip: WELAKA, FL 32193

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 Chapter 119, 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: W. MORRIS GROOVER T 05/08/2006

Electronic Signature of Signing Officer or Director — Date