

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22522 (9)**  
1. Corporation Name  
**MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P O BOX 423 563 UNIVERSITY BLVD. N. WELAKA FL 32193</b>	Mailing Address <b>P O BOX 423 563 UNIVERSITY BLVD. N. WELAKA FL 32193</b>
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3. Date Incorporated or Qualified <b>09/17/1987</b>	
4. FEI Number <b>59-2960995</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**HOLCH, SAMUEL V  
409 ST JOHNS AVE  
PALATKA FL 32177**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDING, WALTER</b>	
STREET ADDRESS	<b>P O BOX 414 N/A</b>	
CITY-ST-ZIP	<b>WELAKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTER, JOEL</b>	
STREET ADDRESS	<b>P.O. BOX 1127 N/A</b>	
CITY-ST-ZIP	<b>WELAKA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILES, HENRY</b>	
STREET ADDRESS	<b>P O BOX 529 N/A</b>	
CITY-ST-ZIP	<b>WELAKA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMRICK, RICHARD</b>	
STREET ADDRESS	<b>P O BOX 761 N/A</b>	
CITY-ST-ZIP	<b>CRESCENT CITY FL 32112</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JARRELL, FRANK</b>	
STREET ADDRESS	<b>P O BOX 847 N/A</b>	
CITY-ST-ZIP	<b>WELAKA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HARDING, WALTER</b>	
1.3 STREET ADDRESS	<b>PO BOX 414 N/A</b>	
1.4 CITY-ST-ZIP	<b>WELAKA, FL</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CAIN, SHELLY</b>	
2.3 STREET ADDRESS	<b>1841 RALEY ROAD</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SEASHORE, GREG</b>	
3.3 STREET ADDRESS	<b>PO BOX 957 N/A</b>	
3.4 CITY-ST-ZIP	<b>WELAKA, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MILES, HENRY</b>	
5.3 STREET ADDRESS	<b>PO BOX 529 N/A</b>	
5.4 CITY-ST-ZIP	<b>WELAKA, FL</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Hamrick* **Richard Hamrick** Treasurer 2/17/98 904-698-3241

CR2E037 (10/97)