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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22522

1. Corporation Name
MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business P O BOX 423 563 UNIVERSITY BLVD. N. WELAKA FL 32193	Mailing Address P O BOX 423 563 UNIVERSITY BLVD. N. WELAKA FL 32193
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/17/1987
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2960995
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

HOLCH, SAMUEL V
 409 ST JOHNS AVE
 PALATKA FL 32177

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDING, WALTER	1.2 NAME	VP
STREET ADDRESS	P O BOX 414 N/A	1.3 STREET ADDRESS	Greg Seashore
CITY-ST-ZIP	WELAKA FL	1.4 CITY-ST-ZIP	PO BOX 957 / N/A WELAKA, FL 32193
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JOEL	2.2 NAME	
STREET ADDRESS	P.O. BOX 1127 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, HENRY	3.2 NAME	
STREET ADDRESS	P O BOX 529 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK, RICHARD	4.2 NAME	
STREET ADDRESS	P O BOX 761 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRELL, FRANK	5.2 NAME	
STREET ADDRESS	P O BOX 847 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, SHELLY	6.2 NAME	
STREET ADDRESS	1841 RALEY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Greg Seashore
 3/11/99 904-467-3627

CR2E037 (11/98)