

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90119 016 ****70.00

DOCUMENT # N22522

1. Entity Name

MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 423
 563 UNIVERSITY BLVD. N.
 WELAKA FL 32193

P O BOX 423
 563 UNIVERSITY BLVD. N.
 WELAKA FL 32193-0423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2960995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLCH, SAMUEL V
409 ST JOHNS AVE
PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	D <input checked="" type="checkbox"/> Delete
NAME	HARDING, WALTER
STREET ADDRESS	P O BOX 414 N/A
CITY-ST-ZIP	WELAKA FL
TITLE	D <input type="checkbox"/> Delete
NAME	CARTER, JOEL
STREET ADDRESS	P.O. BOX 1127 N/A
CITY-ST-ZIP	WELAKA FL
TITLE	P <input type="checkbox"/> Delete
NAME	MILES, HENRY
STREET ADDRESS	P O BOX 529 N/A
CITY-ST-ZIP	WELAKA FL
TITLE	T <input type="checkbox"/> Delete
NAME	HAMRICK, RICHARD
STREET ADDRESS	P O BOX 761 N/A
CITY-ST-ZIP	CRESCENT CITY FL 32112
TITLE	D <input type="checkbox"/> Delete
NAME	JARRELL, FRANK
STREET ADDRESS	P O BOX 847 N/A
CITY-ST-ZIP	WELAKA FL
TITLE	V <input type="checkbox"/> Delete
NAME	SEASHORE, GREG
STREET ADDRESS	PO BOX 957 N/A
CITY-ST-ZIP	WELAKA FL 32193

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSANNA Wilcox
STREET ADDRESS	7512 Colony Cove Lane
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Richard Hamrick, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00
 Date

904-467-3627
 Daytime Phone #

CR2E037 (9/99)