

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90071 024 ****61.25

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 423
124 William Baxtram

P.O. Box 423

Suite, Apt. #, etc.
Welaka Florida

Suite, Apt. #, etc.
Welaka Florida

City & State
Welaka Florida

City & State
Welaka Florida

Zip
32193

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2960995**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *Richard Hamrick*

DATE *3/13/01*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WILCOX, ROSANNA	7512 COLONY COVE LANE	JACKSONVILLE FL 32277	<input type="checkbox"/>
D	CARTER, JOEL	P.O. BOX 1127 N/A	WELAKA FL	<input type="checkbox"/>
P	MILES, HENRY	P O BOX 529 N/A	WELAKA FL	<input checked="" type="checkbox"/>
T	HAMRICK, RICHARD	P O BOX 761 N/A	CRESCENT CITY FL 32112	<input type="checkbox"/>
D	JARRELL, FRANK	P O BOX 847 N/A	WELAKA FL	<input type="checkbox"/>
V	SEASHORE, GREG	PO BOX 957 N/A	WELAKA FL 32193	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<i>Bob Beaton</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Bob Beaton</i>	<i>P.O. Box 1024</i>	<i>Welaka Florida 32193</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	<i>P</i>	<i>SEASHORE GREG</i>	<i>P.O. Box 957</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>WELAKA FLA 32193</i>			

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/13/01* DAYTIME PHONE # *904-467-3627*

CR2E037 (10/00)