

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90126 023 ****70.00

DOCUMENT # N22522

1. Entity Name

MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PC BOX 423
 124 WILLIAM BARTRAM
 WELAKA FL 32193

P O BOX 423
 WELAKA FL 32193

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 Delete
 NAME **D WILCOX, ROSANNA**
 STREET ADDRESS **7512 COLONY COVE LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CARTER, JOEL**
 STREET ADDRESS **P.O. BOX 1127 N/A**
 CITY-ST-ZIP **WELAKA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P BROXTON, BOB**
 STREET ADDRESS **PO BOX 1024**
 CITY-ST-ZIP **WELAKA FL 32193**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T HAMRICK, RICHARD**
 STREET ADDRESS **P O BOX 761 N/A**
 CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JARRELL, FRANK**
 STREET ADDRESS **P O BOX 847 N/A**
 CITY-ST-ZIP **WELAKA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P SEASHORE, GREG**
 STREET ADDRESS **PO BOX 957**
 CITY-ST-ZIP **WELAKA FL 32193**

TITLE Change 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/02 386-467-3627

CR2E037 (9/01)