

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2004
Secretary of State**

DOCUMENT# N22522

Entity Name: MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 423
124 WILLIAM BARTRAM
WELAKA, FL 32193

New Principal Place of Business:

Current Mailing Address:

P O BOX 423
WELAKA, FL 32193

New Mailing Address:

FEI Number: 59-2960995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCH, SAMUEL V
409 ST JOHNS AVE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, HENRY
Address: P.O. BOX 1093
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: ANDERSON, ROSEMARY
Address: P.O. BOX 1343
City-St-Zip: WELAKA, FL 32193

Title: DT () Delete
Name: JORDAN, JOSEPH
Address: P.O. BOX 859
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: PETERSON, AL
Address: P.O. BOX 1269
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: RHODES, CLEMENT
Address: P.O. BOX 1100
City-St-Zip: WELAKA, FL 32193

Title: P () Delete
Name: SEASHORE, GREG
Address: PO BOX 957
City-St-Zip: WELAKA, FL 32193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. JORDAN

DT

04/19/2004

Electronic Signature of Signing Officer or Director

Date