


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90053 020 ****61.25

DOCUMENT # N22522					
1. Entity Name MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 423 132 WILLIAM BARTRAM DRIVE WELAKA, FL 32193			Mailing Address 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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, HENRY L POST OFFICE BOX 1093 132 WILLIAM BARTRAM DRIVE WELAKA, FL 32193				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, HENRY L		NAME		
STREET ADDRESS	P.O. BOX 1093		STREET ADDRESS		
CITY-ST-ZIP	WELAKA, FL 32193		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, AL		NAME	RINEHART, JERRY	
STREET ADDRESS	P.O. BOX 1269		STREET ADDRESS	P.O. BOX 397	
CITY-ST-ZIP	WELAKA, FL 32193		CITY-ST-ZIP	WELAKA, FL. 32193	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, CLEMENT		NAME		
STREET ADDRESS	P.O. BOX 1100		STREET ADDRESS		
CITY-ST-ZIP	WELAKA, FL 32193		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILCOX, PAUL		NAME	S. KRAAN, MORGAN	
STREET ADDRESS	P.O. BOX 297		STREET ADDRESS	P.O. BOX 128	
CITY-ST-ZIP	WELAKA, FL 32193		CITY-ST-ZIP	WELAKA, FL. 32193	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAAN, MORGAN		NAME	D. KENNEDY, TERRY	
STREET ADDRESS	P.O. BOX 128		STREET ADDRESS	P.O. BOX 1311	
CITY-ST-ZIP	WELAKA, FL 32193		CITY-ST-ZIP	WELAKA, FL. 32193	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, DAVID		NAME		
STREET ADDRESS	PO BOX 672		STREET ADDRESS		
CITY-ST-ZIP	WELAKA, FL 32193		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Clement Rhodes</u>			Date: <u>Jan. 19, 2006</u>		Daytime Phone #: <u>386-467-8811</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

~~60005357~~
~~# N22522~~

2006 NOT-FOR PROFIT CORPORATION

ANNUAL REPORT ADDENDUM TO DOCUMENT N22522

January 19, 2006

**MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.
POST OFFICE BOX 423
132 WILLIAM BARTRAM DRIVE
WELAKA, FLORID 32193**

ADDITIONAL DIRECTOR

**DR. C. PAUL WILCOX
POST OFFICE BOX 297
WELAKA, FLORID 32193**