

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2008  
Secretary of State**

DOCUMENT# N22522

Entity Name: MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

132 WILLIAM BARTRAM DRIVE  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALLEN, HENRY L  
132 WILLAM BARTRAM DRIVE  
WELAKA, FL 32193      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: P      ( ) Delete  
Name: ALLEN, HENRY L  
Address: P.O. BOX 1093  
City-St-Zip: WELAKA, FL 32193

Title: V      ( ) Delete  
Name: RINEHART, JERRY  
Address: P.O. BOX 397  
City-St-Zip: WELAKA, FL 32193

Title: T      ( ) Delete  
Name: CARTIN, G M II  
Address: P.O. BOX 881  
City-St-Zip: WELAKA, FL 32193

Title: S      ( ) Delete  
Name: OGNOWSKI, CARLA  
Address: P.O. BOX 593  
City-St-Zip: WELAKA, FL 32193

Title: D      ( ) Delete  
Name: KENNEDY, TERRY  
Address: P.O. BOX 1311  
City-St-Zip: WELAKA, FL 32193

Title: D      ( ) Delete  
Name: PETERSON, AL  
Address: PO BOX 1269  
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  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
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 exemption stated 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 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: G M CARTIN II

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

07/08/2008

\_\_\_\_\_  
Date