


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90357 023 ****70.00

DOCUMENT # N22522

1. Entity Name
MOUNT ROYAL ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

PO BOX 423 **P O BOX 423**
124 WILLIAM BARTRAM **WELAKA FL 32193**
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**

6. Name and Address of Current Registered Agent

HOLCH, SAMUEL V
409 ST JOHNS AVE
PALATKA FL 32177

7. Name and Address of New Registered Agent

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILCOX, ROSANNA	
STREET ADDRESS	7512 COLONY COVE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JOEL	
STREET ADDRESS	P.O. BOX 1127 N/A	
CITY-ST-ZIP	WELAKA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROXTON, BOB	
STREET ADDRESS	PO BOX 1024	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAMRICK, RICHARD	
STREET ADDRESS	P O BOX 761 N/A	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JARRELL, FRANK	
STREET ADDRESS	P O BOX 847 N/A	
CITY-ST-ZIP	WELAKA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEASHORE, GREG	
STREET ADDRESS	PO BOX 957	
CITY-ST-ZIP	WELAKA FL 32193	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY ALLEN	
STREET ADDRESS	P.O. Box 1093	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	DIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEMARY ANDERSON	
STREET ADDRESS	P.O. Box 1343	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	DIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH JORDAN	
STREET ADDRESS	P.O. Box 859	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL PATTERSON	
STREET ADDRESS	P.O. Box 1209	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENT RHODES	
STREET ADDRESS	P.O. Box 1100	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL WILCOX	
STREET ADDRESS	P.O. Box 566	
CITY-ST-ZIP	WELAKA, FL 32193	

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: *Joseph Jordan* SIGNATURE REQUIRED 4/21/03 386-467-8849

CR2E037 (10/02)