

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90138 027 ****61.25

DOCUMENT # N29184
Entity Name
ROYAL LAND EAST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
100 N UNIVERSITY DRIVE
SUITE 210
CORAL SPRINGS FL 33065

Mailing Address
P.O. BOX 8726
CORAL SPRINGS FL 33075-8726
US

80056552



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
253 University Dr
Suite, Apt. #, etc.
City & State
Coral Springs FL
Zip
33071
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0211677
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITTLE, CYNTHIA G
3200 UNIVERSITY DR.
#210
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name
Cynthia G. Whittle
Street Address (P.O. Box Number is Not Acceptable)
40 Integrity Property Management
253 University Dr
City
Coral Springs
FL
Zip Code
33071

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
Cynthia G. Whittle
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE
4/26/00

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	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOY, RICHARD		NAME	Richard Eoy	
STREET ADDRESS	8344 NW 43RD ST		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, PATRICIA		NAME		
STREET ADDRESS	4077 NW 81ST TERR		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKER, BARBARA		NAME		
STREET ADDRESS	8501 NW 43RD CT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVARD, CAROLYN		NAME		
STREET ADDRESS	4426 N.W. 82ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARCHMENT, DERRICK		NAME		
STREET ADDRESS	4298 N.W. 81ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSANTI, ALBERT		NAME		
STREET ADDRESS	8469 NW 44TH CT		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		

2. 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 Eoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/11/00
DAYTIME PHONE #: 954-344-0619