

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **N29208 (8)**
1. Corporation Name
ROYAL WOOD SINGLE FAMILY HOMES ASSOCIATION, INC.

95 APR -6 AM 6:50

Principal Place of Business Mailing Address
**4300 ROYAL WOOD BLVD
NAPLES FL 33962
US** **5871 WESTBOURGH CT
NAPLES FL 33962
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3. Date Incorporated or Last Report
11/09/1988 **03/28/1994**
4. FEI Number **65-0083827**
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** **4300 Royal Wood Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28** **Naples, FL**
Zip Country Zip Country
24 **25** **29** **30** **33962** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BEACH, RALEIGH
4107 ROYAL WOOD BLVD
NAPLES FL 33962**

10. Name and Address of New Registered Agent
81 Name **Garfield Ricketts**
82 Street Address (P.O. Box Number is Not Acceptable) **4010 Royal Wood Blvd**
83
84 City **Naples** **85** Zip Code **FL 33962**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Garfield Ricketts**
Signature, typed or printed name of registered agent and title of applicant (NOTE: Registered Agent registration period is 1 year) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEACH, RALEIGH
STREET ADDRESS	4107 ROYAL WOOD BLVD
CITY, ST, ZIP	NAPLES FL
TITLE	V
NAME	VAUGHAN, WALTER
STREET ADDRESS	4249 ROYAL WOOD BCH
CITY, ST, ZIP	NAPLES FL
TITLE	T
NAME	WATERWORTH, MAE
STREET ADDRESS	5871 WESTBOURGH CT
CITY, ST, ZIP	NAPLES FL
TITLE	S
NAME	BRUNI, MARGARET
STREET ADDRESS	4384 ROYAL WOOD BLVD
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	MILLER, JANET
STREET ADDRESS	3867 ROYAL WOOD BLVD
CITY, ST, ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Robert Guttermuth
13 STREET ADDRESS	6061 Westborough DR
14 CITY, ST, ZIP	Naples, FL 33962
21 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Janet Miller
23 STREET ADDRESS	3667 Royal Wood Blvd.
24 CITY, ST, ZIP	Naples, FL 33962
31 TITLE	T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Garfield Ricketts
33 STREET ADDRESS	4010 Royal Wood Blvd
34 CITY, ST, ZIP	Naples, FL 33962
41 TITLE	S D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Michael Valente
43 STREET ADDRESS	5854 Westborough CT
44 CITY, ST, ZIP	Naples, FL 33962
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Doyle Connelly
53 STREET ADDRESS	3865 Royal Wood Blvd
54 CITY, ST, ZIP	Naples, FL 33962
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Garfield Ricketts** Treasurer *Garfield Ricketts* 2/28/95 (813) 261-3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR