

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N29208 (8)
1. Corporation Name
ROYAL WOOD SINGLE FAMILY HOMES ASSOCIATION, INC.Principal Place of Business
4300 ROYAL WOOD BLVD
NAPLES FL 33962
US
Mailing Address
4300 ROYAL WOOD BLVD.
NAPLES FL 34112-8824
US

3. Date Incorporated or Qualified 11/09/1988	3a. Date of Last Report 03/07/1996
4. FEI Number 65-0083827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

RICKETTS, GARFIELD
4010 ROYAL WOOD BLVD.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name PAUL F. OHLMULLER	82 Street Address (P.O. Box Number is Not Acceptable) 4635 ASHTON COURT	83	84 City NAPLES	85 Zip Code FL 34112
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

TREASURER

(NOTE: Registered Agent signature required when reinstating)

FEB. 19, 1997
DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALENTE, NIKE	
STREET ADDRESS	5854 WESTBOROUGH COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STONE, ROBERT	
STREET ADDRESS	3079 WESTBOROUGH DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RICKETTS, GARFIELD	
STREET ADDRESS	40410 ROYAL WOOD BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORSTER, WILLIAM	
STREET ADDRESS	4606 ASHTON COURT	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNELLY, DOYLE	
STREET ADDRESS	3865 ROYAL WOOD BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AGNES HOVSEPIAN	
2.3 STREET ADDRESS	4618 ASHTON COURT	
2.4 CITY-ST-ZIP	NAPLES, FL. 34112	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL OHLMULLER	
3.3 STREET ADDRESS	4635 ASHTON COURT	
3.4 CITY-ST-ZIP	NAPLES, FL. 34112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

Signature typed or printed name of signing officer or director

PAUL OHLMULLER-TREAS. 2/19/97 (941) 417-1009

Date Daytime Phone # 0059927

CR2E037 (9/96)