


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 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 33962 US
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3. Date Incorporated or Qualified <b>11/09/1988</b>	Applied For Not Applicable
4. FEI Number <b>65-0083827</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>34112</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>34112</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OHLMULLER, PAUL F.**  
**4635 ASHTON COURT**  
**NAPLES FL 34112**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 type="checkbox"/> DELETE
NAME	HOVSEPIAN, AGNES	
STREET ADDRESS	4618 ASHTON COURT	
CITY - ST - ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OHLMULLER, PAUL	
STREET ADDRESS	4635 ASHTON COURT	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FORSTER, WILLIAM	
STREET ADDRESS	4606 ASHTON COURT	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, SHIRLEY
4.3 STREET ADDRESS	5854 WESTBOROUGH COURT
4.4 CITY - ST - ZIP	NAPLES FL 34112
5.1 TITLE	2ND VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BROULIHAN, ROBERT
5.3 STREET ADDRESS	4085 ROYAL WOOD BLVD.
5.4 CITY - ST - ZIP	NAPLES, FL 34112
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 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 in an attachment with an address.

SIGNATURE: Paul J. Ohlmuller JAN. 20 1998 (941) 417-1008

CR2E037 (10/97)