2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Mar 31, 2002 8:00 am **DOCUMENT # N29208** 1. Entity Name **Secretary of State** ROYAL WOOD SINGLE FAMILY HOMES ASSOCIATION, INC. 03-31-2002 90361 050 ****61.25 Principal Place of Business Mailing Address 4300 ROYAL WOOD BLVD 4300 ROYAL WOOD BLVD NAPLES FL 34112 NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0083827 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O.:Box Number is Not Acceptable) -----MOSER, ALBERT H 3601 ROYAL WOOD BLVD. NAPLES FL 34112-8838 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ☐ Change Addition TITLE ☐ Delete TITLE CARNEY, THOMAS J NAME NAME 6034 WESTBOURGH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE NAPLES FL 34112 Delete TITLE Change ☐ Addition TITLE LEWIS, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 5879 WESTBOURGH COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Delete TITLE ☐ Change Addition TITLE HARRY SPINDLER 4510 ASHTON COURT HOULIHAN, ROBERT NAME STREET ADDRESS 4085 ROYAL WOOD BLVD STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Change ☐ Addition Delete TITLE TITLE MOSER, ALBERT H NAME NAME 3601 ROYAL WOOD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34112 ☐ Change ☐ Addition TITLE ☐ Delete TITLE Walden, Dean J NAME NAME STREET ADORESS STREET ADDRESS 5846 WESTBOURGH DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

LIBERTOH. MOSER