

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-24-2003 90964 041 ****61.25

DOCUMENT # N29208

1. Entity Name
ROYAL WOOD SINGLE FAMILY HOMES ASSOCIATION, INC.



Principal Place of Business
**4300 ROYAL WOOD BLVD
NAPLES FL 34112
US**

Mailing Address
**4300 ROYAL WOOD BLVD
NAPLES FL 34112
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0083827**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSER, ALBERT H
3601 ROYAL WOOD BLVD.
NAPLES FL 34112-8838**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CARNEY, THOMAS J	6034 WESTBOURGH DR	NAPLES FL 34112	<input type="checkbox"/>
	LEWIS, FRANK	5879 WESTBOURGH COURT	NAPLES FL 34112	<input type="checkbox"/>
	MOSER, ALBERT H	3601 ROYAL WOOD BLVD	NAPLES FL 34112	<input type="checkbox"/>
	WALDEN, DEAN J	5848 WESTBOURGH DRIVE	NAPLES FL 34112	<input type="checkbox"/>
	SPINDLER, HARRY	4510 ASHTON COURT	NAPLES FL 34112	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

NOTE: ALL 5 MEMBERS ABOVE ARE BOARDS DIRECTORS

12. 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: Albert H. Moser **ALBERT H. MOSER** 2/20/03 (239) 775-8796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)