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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N43832 (7)

1. Corporation Name
ROYAL RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
111 W. ROBINSON ST. ORLANDO FL 32801 111 W. ROBINSON ST. ORLANDO FL 32801-1616

3. Date Incorporated or Qualified 06/12/1991 3a. Date of Last Report 01/18/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3191654	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICHOLSON, ANTHONY J 111 W. ROBINSON ST. ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, ANTHONY J		1.2 NAME				
STREET ADDRESS	111 W. ROBINSON ST.		1.3 STREET ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32801		1.4 CITY - ST - ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOHN E 111		2.2 NAME				
STREET ADDRESS	1121 GLEEN GARRY CIR.		2.3 STREET ADDRESS				
CITY - ST - ZIP	MAITLAND FL 32751		2.4 CITY - ST - ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer / Director			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SONJA		3.2 NAME	Nicholson, Sonja			
STREET ADDRESS	111 W. ROBINSON ST.		3.3 STREET ADDRESS	111 W. Robinson St.			
CITY - ST - ZIP	ORLANDO FL 32801		3.4 CITY - ST - ZIP	Orlando, FL 32801			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			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 REQUIRED
Date: 3-31-97 (402) 423-3456
Daytime Phone # 0015982

CR2E037 (9/96)