


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 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 # N43832 (7)**  
1. Corporation Name  
**ROYAL RIDGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>111 W. ROBINSON ST. ORLANDO FL 32801</b>	Mailing Address <b>111 W. ROBINSON ST. ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified  
**06/12/1991**

4. FEI Number <b>59-3191654</b>	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business <b>111 W. Robinson St.</b>	2a. Mailing Address <b>111 W. Robinson St.</b>		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State <b>Orlando FL</b>	28. City & State <b>Orlando FL</b>		
24. Zip <b>32801</b>	25. Country <b>USA</b>	29. Zip <b>32801</b>	30. Country <b>USA</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**NICHOLSON, ANTHONY J  
111 W. ROBINSON ST.  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PSD</b>	<input type="checkbox"/>
NAME	<b>NICHOLSON, ANTHONY J</b>	
STREET ADDRESS	<b>111 W. ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/>
NAME	<b>BELL, JOHN E 111</b>	
STREET ADDRESS	<b>1121 GLEEN GARRY CIR.</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>NICHOLSON, SONJA</b>	
STREET ADDRESS	<b>111 W. ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 on an attachment with an address.

SIGNATURE *[Signature]*

CR2E037 (10/97)