

FILED
May 22, 2000 8:00 am
Secretary of State

04-26-2000 90062 028 ****61.25

DOCUMENT # N43832
1. Entity Name
ROYAL RIDGE HOMEOWNERS' ASSOCIATION, INC.

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

2. Principal Place of Business
5695 Beggs Road
Suite B-100
Orlando
3. Mailing Address
5695 Beggs Road
Suite B-100
Orlando



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3191654
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NICHOLSON, ANTHONY J
111 W. ROBINSON ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name
Thornton, Harkley R. Esq.
Street Address (P.O. Box Number is Not Acceptable)
5695 Beggs Road, Suite B-100
City
Orlando FL Zip Code
32810

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
Harkley R. Thornton

4-20-00

(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
Department of State

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include: PSD NICHOLSON, ANTHONY J; VPD BELL, JOHN E 111; TD NICHOLSON, SONJA.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include: Pd Hofford, James M. Jr.; Vd Sutton, Derek; S/TD Willett, Dan.

CR2E037 (9/99)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

407-423-3456

Daytime Phone #