

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90299 040 \*\*\*\*61.25

**DOCUMENT # N43832**

1. Entity Name

**ROYAL RIDGE HOMEOWNERS' ASSOCIATION, INC.**

93858

Principal Place of Business

5695 BEGGS ROAD  
 STE B-100  
 ORLANDO FL 32810

Mailing Address

5695 BEGGS ROAD  
 STE B-100  
 ORLANDO FL 32810

2. Principal Place of Business

190 N. Westmonte Dr.

Suite, Apt. #, etc.

100

3. Mailing Address

190 N Westmonte Dr.

Suite, Apt. #, etc.

100

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

US

Zip

32714

Country

US

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

HOMES, NICHOLSON  
 111 W ROBINSON STREET  
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete  
 NAME **NICHOLSON, ANTHONY J**  
 STREET ADDRESS **111 W. ROBINSON ST.**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **TD** ☐ Delete  
 NAME **NICHOLSON, SONJA**  
 STREET ADDRESS **111 W. ROBINSON ST.**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VPD** ☒ Delete  
 NAME **LANCIANO, ANTHONY R JR**  
 STREET ADDRESS **111 W ROBINSON STREET**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **DERRICK** ☐ Delete  
 NAME **SUTTON**  
 STREET ADDRESS **111 W. ROBINSON ST.**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **SUTTON, DERRICK VPD**  
 STREET ADDRESS **111 W. ROBINSON ST.**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**

Date

Daytime Phone #

CR2E037 (9/01)